County Borough of Ipswich

REPORT

of

THE MEDICAL OFFICER OF HEALTH

for the Year 1927

IPSWICH :
EAST ANGLIAN DAILY TIMES CO. LTD.
1928.

COUNTY BOROUGH OF IPSWICH.

Annual Report
of the
Medical Officer of Health
for 1927

By A. M. N. PRINGLE,
M.B., C.M. Edin., D.P.H. Camb.,
Medical Officer of Health,
School Medical Officer, Superintendent Isolation Hospital,
Medical Officer to the Ipswich Port Sanitary Authority,
Fellow of the Royal Sanitary Institute,
Fellow of the Royal Society of Medicine,
etc., etc.

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County Borough of Ipswich.

PUBLIC HEALTH DEPARTMENT,
ELM STREET,
IPSWICH,
September 1928.

LADIES AND GENTLEMEN,

I have the honour to present to you my Report on the Health of Ipswich for the year 1927.

The members of the Public Health Committee have afforded me throughout the year their unfailing support in all matters pertaining to the health of the people.

It is again a pleasure to be able to record my appreciation of the devoted service of the Staff of the Public Health Department in the cause of Public Health

I am, Ladies and Gentlemen,

Your obedient Servant,

A. M. N. PRINGLE, M.B., C.M., D.P.H.

Medical Officer of Health.

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GENERAL STATISTICS.

Area (acres)	8,112
Population (1927)	86,090
No. of Inhabited Houses (1921)	17,764
No. of Families or separate occupiers (1921)	18,923
Rateable value March 1927	£482,039
Sum represented by a Penny Rate, 1927	£1,790

EXTRACTS FROM VITAL STATISTICS OF THE YEAR 1927.

	Total.	M.	F.	Birth-rate
BIRTHS—Legitimate	1,354	689	665	16.4
,, Illegitimate	62	40	22	
				Death-rate
DEATHS	1,060	516	544	12.32

Number of women dying in, or in consequence of, child-birth	From Sepsis	3
	From other causes	4
Deaths of infants under one year of age per 1,000 Births :—		65

Number of Deaths :—Legitimate, 85 ; Illegitimate, 7—Total, 92

Deaths from Measles (all ages)	Nil
Deaths from Whooping Cough (all ages)	18
Deaths from Diarrhœa (under 2 years of age)	7

POPULATION.

The following Table gives the Registrar General's estimates of the population of Ipswich for the years 1921-1927 inclusive :—

Year.	Number.
1921	80,100
1922	80,950
1923	81,710
1924	82,710
1925	83,120
1926	84,140
1927	85,990

This Table exhibits an estimated increase in the population for the year 1927 which is more than 1,500 in excess of the natural increase, a number far above any recorded experience.

I do not agree that immigration occurred in 1927 to the extent suggested in the estimate, but for comparative purposes it is necessary to accept it, at least provisionally.

The population figure given by the Registrar General for the estimation of the Birth-rate in 1927 is 86,090.

Examination of the estimated sex distribution of the above population indicates that in round figures there is a female excess of about 5,000.

This excess is accounted for by the fact that at practically all ages males die in higher proportion than females. The result is that females establish a greater and greater numerical preponderance at every age period, culminating in the position that at all ages over 70 years there are 3 women alive to every 2 men.

The bearing of these facts in relation to adult suffrage is that the control of the political future of the country has now passed into the hands of women.

MARRIAGES.

Period.	**Ipswich.** No. of Marriages.	Marriage rates per 1000 living.	
		Ipswich.	England & Wales.
1841—1850	3,815	**19.4**	16.1
1851—1860	3,302	**18.6**	16.9
1861—1870	3,550	**17.6**	16.6
1871—1880	4,143	**17.7**	16.2
1881—1890	4,152	**15.3**	14.9
1891—1900	4,777	**15.3**	15.6
1901—1910	5,209	**14.7**	15.5
1911—1920	6,819	**17.8**	16.6
1921—1925	3,316	**16.2**	—
1911	559	**15.0**	15.2
1912	596	**15.8**	15.6
1913	586	**15.4**	15.7
1914	604	**15.8**	15.9
1915	856	**22.2**	19.4
1916	653	**16.9**	14.9
1917	606	**15.7**	13.8
1918	706	**18.3**	15.3
1919	898	**23.1**	19.7
1920	755	**19.1**	20.2
1921	701	**17.5**	16.9
1922	635	**15.6**	15.7
1923	662	**16.1**	15.2
1924	600	**14.5**	15.3
1925	718	**17.2**	15.2
1926	654	**15.5**	14.3
1927	675	**15.7**	—

Thus the Marriage Rate for the year 1927 was a little higher than in 1926, but lower than the average of the 5 years ending 1925.

BIRTHS.

1,416 births were registered in 1927 as belonging to Ipswich, as compared with 1,540 in 1926 and an average of 1,542 for the five years 1921-1925.

The following Table indicates the variations that have taken place in the Ipswich Birth-rate since 1841 :—

Year.	Ipswich. No. of Births.	Birth-rates Ipswich.	Birth-rates England & Wales
1841—1850	9,391	32.7	32.6
1851—1860	11,925	33.7	34.1
1861—1870	13,295	33.2	35.2
1871—1880	15,691	33.4	35.4
1881—1890	17,104	31.6	32.4
1891—1900	17,787	28.7	29.9
1901—1910	18,798	26.8	27.2
1911—1920	16,538	21.6	21.8
1921—1925	7,712	18.8	—
1911	1,772	23.9	24.3
1912	1,750	23.3	23.9
1913	1,813	23.9	24.1
1914	1,800	23.5	23.8
1915	1,617	21.0	21.9
1916	1,666	21.7	20.9
1917	1,315	17.1	17.8
1918	1,379	17.8	17.7
1919	1,423	18.3	18.5
1920	2,003	25.5	25.5
1921	1,724	21.5	22.4
1922	1,586	19.5	20.6
1923	1,548	18.9	19.7
1924	1,433	17.3	18.8
1925	1,421	17.0	18.3
1926	1,540	18.3	17.8
1927	1,416	16.4	16.7

The Birth-rate recorded for 1927 was by far the lowest in the known history of the Borough.

The Birth-rate of the present day has no relation to variations in racial fertility, very little to postponement of the age of marriage, and is not connected with diminution in the number of marriages.

It is due to the practice of contraception amongst a population which has acquired the necessary knowledge with the deliberate purpose of family limitation.

I have discussed this matter in previous Reports, and have nothing to add or retract from the opinions already expressed, except to reiterate the view that *the* great driving force at the bottom of this attitude is not selfish negation of parenthood, but the desire to secure decent conditions of life and education for the decided number of children.

The proof of this is the type of people who limit their families as contrasted with the thriftless, inconsequent group, who bring into the world numbers of children with apparent indifference as to how they are to be housed, fed, clothed and educated.

Thus the root cause of the decline in the Birth-rate is the rise in the cost of living. It is an expression of economic necessity and connotes an anxious sense of parental responsibility amongst the majority of parents.

The following Table shows the sex and legitimacy distribution of the Births in Ipswich since 1921.

NUMBER AND SEX OF BIRTH.

Year.	Legitimate.			Illegitimate.			All Births.			Males per 1,000 Females.
	M.	F.	P.	M.	F.	P.	M.	F.	P.	
1921	808	831	1,639	36	49	85	844	880	1 724	959
1922	731	777	1,508	42	36	78	773	813	1,586	958
1923	754	733	1,487	28	33	61	782	766	1,548	1,021
1924	700	669	1,369	35	29	64	735	698	1,433	1,053
1925	661	695	1,356	34	31	65	695	726	1,421	957
1926	748	735	1,483	29	28	57	777	763	1,540	1,018
1927	689	665	1,354	40	22	62	729	687	1,416	1,061

TWIN BIRTHS.

The number of Twin Births and other details with regard to Twin Births is given below for the 7 years 1921-1927.

Year.	No. of Twin Pregnancies.	No. of Infants born alive.	No. of Infants Stillborn.	Per cent. of Stillborn Twins	Per cent. of Twin Infants to Single Infants
1921	16	30	2	6.2	1.7
1922	20	36	4	10.0	2.2
1923	16	31	1	3 1	2.0
1924	20	35	5	12.5	2.4
1925	27	52	2	3 7	3.6
1926	17	27	7	20 6	1.7
1927	19	35	3	7.9	2 5
TOTAL	135	246	24	8 9	2 3

Thus over 91 per cent. of Twin Infants are born alive.

The high proportion of Stillborn Twins in 1926 is notable.

The sex distribution of the 246 Twins born alive is indicated in the following Table, which includes the totals of the 7 years 1921-1927.

Group.	No. of Pregnancies.	Males	Females
Both Males ...	42	84	
Both Females ...	35		70
Male and Female ...	38	38	38
One born alive ...	16	9	7
TOTAL ...	131	131	115

The number of Pregnancies accounted for in this Table is 4 less than in the preceding, because in four cases both twins were stillborn.

The proportion of male twin births per 1,000 female twins was thus 1,129 as compared with 1,902 in the case of single infants.

Stillbirths occurred in 20 out of 135 Pregnancies, or 14.8 per cent.

In four cases both infants were stillborn and in 16 one.

The figures give evidence of the tendency of Twins to be of the same sex, especially males.

DEATHS.

DEATH-RATES FROM ALL CAUSES.

I give the following Table of the crude Death-rates for Ipswich as compared with England and Wales since 1841.

Year	Ipswich. No. of Deaths.	Crude Death-rates per 1,000 living. Ipswich.	
		Ipswich.	England & Wales.
1841—1850	6,569	22.67	22.4
1851—1860	7,850	22.21	22.2
1861—1870	8,920	22.12	22.5
1871—1880	10,318	22.08	21.4
1881—1890	10,070	18.62	19.1
1891—1900	11,177	17.99	18.2
1901—1910	10,568	15.00	15.4
1911—1920	10,557	13.80	14.3
1921—1925	4,530	11.05	12.2
1901	1,185	17.65	16.9
1902	969	14.34	16.3
1903	1,049	15.31	15.5
1904	1,085	15.73	16.3
1905	1,041	14.90	15.3
1906	1,070	15.08	15.5
1907	1,089	15.24	15.1
1908	1,060	14.73	14.8
1909	991	13.57	14.6
1910	1,029	13.99	13.5
1911	946	12.76	14.6
1912	1,138	15.13	13.3
1913	1,055	13.92	13.8
1914	1,065	13.93	14.0
1915	1,161	15.09	15.7
1916	1,027	13.35	11.4
1917	1,055	13.71	14.4
1918	1,146	14.87	17.6
1919	1,015	13.09	13.7
1920	949	12.05	12.4
1921	891	11.06	12.1
1922	974	12.03	12.8
1923	838	10.25	11.6
1924	801	9.68	12.2
1925	1,026	12.34	12.2
1926	869	10.32	11.6
1927	1,060	12.32	12.3

Thus the death-rate for 1927 was the highest recorded since 1921 with the exception of 1925.

The cause was the severe epidemic of Influenza in January and February.

QUARTERLY DEATH-RATES.

The Quarterly death-rates are set forth as follows :—

Year.	Quarters of the Year.							
	March.		June.		September.		December.	
	Death-rates.		Death-rates.		Death-rates.		Death-rates.	
	Ipswich	England & Wales.	Ipswich	England & Wales.	Ipswich	England & Wales.	Ipswich	England & Wales.
1841—1850	23.7	24.7	21.0	22.0	23.2	21.0	22.6	21.7
1851—1860	23.3	24.7	20.5	22.1	22.6	20.3	22.6	21.9
1861—1870	23.5	25.2	20.3	21.8	22.3	21.0	22.4	22.1
1871—1880	23.7	23.7	20.7	20.9	21.7	19.6	22.3	21.3
1881—1890	21.0	21.6	17.4	18.7	17.4	17.3	19.6	19.1
1891—1900	20.5	20.7	15.9	17.6	18.3	17.0	17.5	17.7
1901—1910	17.6	17.7	13.7	14.6	13.6	13.8	15.2	15.4
1911—1920	17.1	17.2	12.7	13.6	11.4	11.8	14.0	15.0
1921—1925	13.7	—	10.1	—	9.1	—	11.3	—
1921	12.4	13.8	10.8	11.5	9.8	10.4	12.0	12.8
1922	17.7	17.6	11.1	12.6	8.5	9.5	10.7	11.4
1923	11.6	13.2	9.4	11.9	8.8	9.4	11.1	11.9
1924	11.6	16.6	8.7	11.8	8.5	9.2	9.8	11.1
1925	15.3	14.4	11.2	11.7	9.8	9.7	12.9	12.9
1926	13.9	13.6	9.2	11.7	7.3	9.2	9.9	12.1
1927	18.6	—	10.6	—	8.2	—	11.8	—

So far as 1927 is concerned the March Quarter showed the highest mortality experience recorded since 1900. The continuance of the low mortality of the September Quarter is noteworthy.

THE INFLUENCE OF SEASON OF THE YEAR UPON THE DEATH-RATE.

Death-rates vary with the season of the year in a manner so constant that it is evident there is a definite connection between certain diseases causing death and the period of the year.

There are diseases, such as Cancer, in which seasonal variations are not in evidence, but there are others such as Bronchitis, Pneumonia, and Summer Diarrhoea, in which the influence of season is a determining factor of the first importance.

I give a Table in which is shown the decennial average monthly death-rates from all causes at all ages arranged in five periods from 1841 onwards :—

1.—One of 40 years from 1841 - 1880.
2.— .. .. 20 .. .. 1881 - 1900.
3.— .. .. 10 .. .. 1901 - 1910.
4.— .. .. 10 .. .. 1911 - 1920.
5.— .. .. 6 .. .. 1921 - 1926.

It may be sufficient to state here the general fact that the death-rates are in each case representative of the average experience of the period, longer or shorter, to which they refer.

Months.	Persons.					
	1841 - 1880	1881 - 1900	1901 - 1910	1911 - 1920	1921 - 1926.	1927.
January	24.02	21.52	18.47	15.81	15.49	21.14
February	24.21	20.37	18.19	19.22	13.92	22.89
March	23.40	21.49	16.74	16.61	12.64	12.22
April	21.88	18.36	14.95	14.34	11.95	11.06
May	20.95	16.33	14.16	12.86	9.25	9.61
June	19.25	14.89	12.29	11.32	8.88	11.21
July	18.00	15.15	11.96	10.57	8.94	7.96
August	23.11	19.08	14.01	11.43	8.67	8.65
September	25.66	18.95	14.64	12.01	8.59	8.08
October	21.59	17.12	13.66	12.13	9.92	9.47
November	21.17	17.37	15.28	16.03	10.50	11.35
December	24.05	20.45	16.50	13.65	12.64	14.69
Year	22.27	18.33	15.00	13.80	10.95	12.32

The broad general facts revealed by the above Table are, briefly, as follows.

1.—The heaviest mortality in the period 1841-1880 fell upon the month of September. The main cause of this was the constant recurrence of outbreaks of Summer Diarrhœa amongst infants. Next in order came February, December, January, and March (Respiratory Diseases) and August (Diarrhœa).

The lowest mortalities during this period were recorded in July and June.

2.—Since 1881 the highest death-rates have been recorded for the months of January, February, March and December, the relative positions being maintained on the whole with remarkable constancy. The only real exception to this position occurred in the 1911-1920 decennium when the Influenza Epidemic of November, 1918, quite upset the normal position for that month, a statement which applies with equal force to the high mortality resulting from the Influenza wave of February, 1919. With these exceptions the position has been constant, and holds good at the present day.

On the other hand, whilst very low rates continue to be recorded for the months of June and July, the phenomenal decline of the mortality rates for August and September has brought about the position that these two months now provide the lowest mortality experience of any month of the year. This is due largely to the almost complete disappearance of Summer Diarrhœa.

The average death-rates prevailing at the present day are just under one half of the averages recorded for the 40 years 1841-1880.

The Table given shows that this change is not distributed equally over the whole year. Thus the decline for the month of January is about 36 per cent., 43 per cent. for February, 46 per cent. for March and April, and 48 per cent. for December. On the other hand, the decline for September is 67 per cent., 63 per cent. for August, 56 per cent. for May, 55 per cent. for October, 54 per cent. for June, and 51 per cent. for July and November.

Thus the coldest, darkest and generally most inclement months of the year have contributed least to the improved death-rates, and the warmer, more sunny months most.

Further light is thrown on this matter by the following Table, in which is shown the mortality experiences of the months of January and June for the six years 1921-1926, arranged according to the principal causes.

TABLE SHOWING THE PRINCIPAL CAUSES OF DEATH DURING THE MONTHS OF JANUARY AND JUNE OF THE PERIOD 1921-1926 INCLUSIVE.

Causes of Death	January						June.					
	No. of Deaths.			Death-rate.			No. of Deaths			Death-rate.		
	M.	F.	P.	M.	F.	P.	M.	F.	P.	M.	F	P
Bronchitis	25	49	74	1,27	2.21	1.77	9	11	20	.47	51	.49
Pneumonia	36	35	71	1 83	1 58	1 70	9	4	13	47	19	32
Heart Diseases	27	34	61	1 37	1.53	1 45	21	27	48	1 10	1 26	1 18
Cancer	24	26	50	1,22	1 17	1 19	17	31	48	.89	1 44	1 18
T. B. Lungs	33	16	49	1 67	.72	1 17	11	13	24	.57	60	.59
Senility	14	30	44	.71	1.35	1.05	15	18	33	.78	84	81
Apoplexy	18	18	36	.91	.81	.86	16	12	28	.84	56	69
Influenza	13	23	36	.66	1 04	86	1	1	2	05	05	.05
Early Infancy	19	15	34	.96	68	.81	10	7	17	.52	,32	42
Violence	10	5	15	51	.22	.36	7	5	12	36	23	29
Bright's Disease	6	6	12	.30	27	.28	5	7	12	.26	32	.29
All others	89	77	166	4.52	3 47	3.97	63	46	109	3 31	2 14	2 69
ALL CAUSES	314	331	648	15 96	15 07	15.49	184	182	366	9 66	8 48	8 88

From this it appears that all the diseases or groups of diseases included in the Table showed excessive mortality in the month of January, with the exception of Cancer, Bright's Disease and Violence.

The divergence in the case of Bronchitis, Pneumonia, Influenza, Heart Diseases, T.B. Lungs, Senile Decay, and the Diseases of Early Infancy is extremely striking, and points to the fact that the general conditions of life in the Winter tell adversely, not only in the case of notoriously seasonal diseases, such as Bronchitis and Pneumonia, but also in such conditions as Senility and the Diseases peculiar to infancy, which in themselves are quite independent of season.

Thus arises the interesting speculation as to the exact nature of the seasonal influences that affect the vitality of the most feeble members of the community, apart from their influence in producing the conditions suitable for the incidence of, say, Bronchitis or Pneumonia—diseases which are actually associated with inclement weather and show an age distribution in correspondence with the mortality experience of the very old and the very young.

In view of recent knowledge of the vitalising influence of the rays of the sun, it would appear to be more than probable that high mortality during the winter months (especially in the absence of excessive seasonal diseases) amongst the very old and the very young is due to the deprivation of this potent vital stimulus.

In this relation, not only is there short duration of sunlight during our winter, but there is heavy saturation of the atmosphere with moisture and excessive pollution of the air by smoke from winter fires, conditions which join in effectually filtering out those ultra-violet sun rays which are requisite, not only for the maintenance of vigour amongst the old, but for the development of full vigour and growth amongst the young.

It may be possible that this has more to do with our winter mortality than "cold" or "damp," "East winds" or "North winds."

The experience of the years 1921-1926 indicates that there is a definite relationship between the season of the year and sex mortality from a point of view not already touched upon. Thus it is found that the discrepancy between the sex-rates is least from January to April and October to December inclusive, and greatest between May and September inclusive.

Expressed in another way, the female death-rate approaches the male death-rate most closely in the months of high death-rates and recedes furthest from it in the months of lowest mortality, suggesting that females benefit to a greater extent than males from the favourable conditions of the summer months.

SEX MORTALITY.

At the beginning of life the average local experience is that there are 1,036 males born alive to every 1,000 females.

At the other extreme the average experience, as revealed by the last three census enumerations, is that there are about 655 males living at 70 years of age and over to every 1,000 females of the same ages.

The male surplus at birth is therefore converted into a very considerable deficiency at the later ages of life.

In seeking an explanation of this position attention is naturally directed to the sex death-rates, and the local experience is exhibited in the following Table.

Period.	Death-rates per 1,000 living.			
	Males.		Females.	
	Ipswich.	England & Wales.	**Ipswich.**	England & Wales.
1841—1850	23.85	23.1	21.60	21.6
1851—1860	23.38	23.1	21.20	21.4
1861—1870	23.18	23.7	20.82	21.4
1871—1880	24.15	22.7	20.33	20.1
1881—1890	20.00	20.3	17.40	18.1
1891—1900	19.54	19.3	16.74	17.1
1901—1910	16.16	16.4	14.07	14.4
1911—1920	14.54	15.9	13.11	13.0
1921—1926	11.39	13.0*	10.56	11.4*
1927	12.76	—	11.94	—

* 1921—1925.

Thus throughout the whole period of 87 years the average male mortality from all causes at all ages exceeded the female with a consistency so definite as to establish the law.

There are features of interest in this Table, other than that referred to. Thus it is evident that in all cases the average experience has been that every fall in the death-rate is initiated by a fall in the female rate as compared with the male. Thus during the 40 years 1841-1880 it could not be said (bearing in mind that the population was small and therefore variations inevitable), that the male death-rates showed any real signs of fall, whereas in the case of females, there was quite definite evidence of diminishing mortality experience. When, however, the male death-rate did begin to fall it continued to keep behind the female death-rate of the corresponding period.

In the next place it is evident that the continuous fall in the death-rates of both sexes is tending to bring the two rates together. A little thought will show that this is inevitable in the nature of the case. There must come a time in a death-rate at which it will reach the lowest possible point, and the nearer it approaches this point the slower will be the movement. In the case of females the death-rate has now reached a point at which slowing down is inevitable, whereas the male rate may be considered as not yet having attained quite this level. Hence the male fall appears to be relatively more rapid than the female at present owing to the interplay of these two factors.

In illustration of these observations, there were, in the period 1841-1880, 879 female deaths to every 1,000 male deaths, whereas at the present day the proportion is 927 female deaths per 1,000 male deaths. At no time since 1841 have the mortality rates of the sexes been so close.

In the endeavour to find a solution of the discrepant mortality experiences of the sexes, attention should be paid to the causes of death. For this purpose the causes of death for the 6 years 1921-1926 have been extracted and comparative Tables constructed. The causes are given as the 11 principal diseases causing death, together with a miscellaneous group of all other causes. The death-rates resulting are arranged in order of importance.

DEATH-RATES FROM THE PRINCIPAL CAUSES OF DEATH 1921-1926.

Males (all ages):—

Cancer	1.29
Tuberculosis	1.19
Heart Diseases	1.09
Bronchitis	.88
Cerebral Hæmorrhage, etc.	.77
Pneumonia	.75
Senile Decay	.73
Violence	.58
Diseases of Early Infancy ...	.57
Bright's Disease	.30
Influenza	.21
All Other Causes ...	3.03
All Causes	11.39

It may be a revelation that cancer is now the principal cause of the local male death-rate.

The following Table exhibits the mortality of females, together with a percentage column indicating, according to causes, the female excess or deficiency as compared with the corresponding male death-rates.

Death-rates per 1,000 living at all ages, 1921-1926.

Causes.	Females.		
	Death-rate.	Percentage Variations	
		+	–
Cancer ...	1.49	15	—
Heart Diseases ...	1 15	5	—
Senile Decay ...	1.06	45	—
Bronchitis ...	.91	3	—
Tuberculosis ...	.89	—	25
Cerebral Hæmorrhage, etc. ...	.76	—	1
Pneumonia ...	.69	—	8
Diseases of Early Infancy ..	.38	—	33
Violence ...	.30		49
Influenza ...	.29	38	—
Bright's Disease ...	.20	-	33
All other causes ...	2 44		20
All Causes ...	10 56		7.3

Thus, as with males, Cancer heads the list. Diseases of the heart take second position instead of Tuberculosis, and Senile Decay occupies the third.

Bronchitis comes next, followed closely by Tuberculosis.

The Table indicates that there is excessive female mortality from Senile Decay, Cancer, Heart Diseases, Bronchitis and Influenza, but in all other cases the male mortality exceeds the female. This is particularly the case with Tuberculosis, the Diseases of Early Infancy, and Violence.

The variations are, however, sufficient in bulk to place the causes responsible for the lower rate of female mortality.

DEATH-RATES AT DIFFERENT AGES.

The following comparative view of certain average death-rates at 12 selected age periods, including three decennial periods and the quinquennium 1921-1925, explains itself.

Ages.	1841 to 1850.	1871 to 1880.	1901 to 1910.	1921 to 1925.	1926.	Persons 1927.
— 5	72.9	62.7	43.8	19.2	16.6	20.21
5—10	9.2	5.8	3.6	1.6	1.3	2.87
10—15	5.1	3.5	1.9	1.2	.8	1.26
15—20	7.3	5.3	2.6	2.2	1.5	1.59
20—25	8.7	6.8	3.9	3.2	3.1	2.59
25—35	10.7	10.2	4.7	3.2	3.2	3.78
35—45	13.8	13.7	7.9	4.4	4.6	6.11
45—55	15.5	18.9	12.8	9.9	7,4	8.78
55—65	29.4	31.4	24.2	17,2	20.0	19.36
65—75	61.8	63.6	53.1	47.1	40.9	51.28
75—85	133.6	149.3	126.9	112.3	112.6	123.95
85	290.1	333.3	245.2	252.6	206.6	276.92
All ages	22.6	22.0	15.0	11.0	10.3	12.32

This Table was commented on fully in last year's Annual Report.

It is therefore sufficient to point out that the mortality experience of each age period of the year 1927 was, with the exception of the age periods 20-25 and 55-65, higher than in 1926. The discrepancy was particularly notable at the younger ages.

DEATH-RATES OVER 70 YEARS OF AGE.

Table showing the death-rates per 1,000 living from all causes at all ages over 70 years.

	Death rates per 1,000 Living and Proportion					
Period.	Males.		Females.		Persons.	
	Rates.	Per cent.	Rates.	Per cent.	Rates.	Per cent.
1841 1850	121.99	13.2	116.09	16.2	118.66	14.6
1851 1860	117.99	13.2	108.27	16.5	112.32	14.9
1861 1870	118.25	11.1	100.49	17.2	107.72	15.6
1871 1880	131.44	15.2	119.34	20.7	124.23	17.8
1881 1890	121.06	16.8	106.69	20.8	112.62	18.8
1891 1900	116.38	17.4	111.49	23.5	113.51	20.4
1901 1910	115.42	21.1	104.44	28.1	108.93	24.5
1911 1920	114.71	24.1	96.16	32.1	103.28	28.1
1921 1925	102.50	29.5	92.25	41.5	96.11	35.7
1926	113.09	33.2	79.64	43.5	92.00	37.9
1927	121.27	33.1	96.61	41.9	105.53	39.6

If the experience of 1927 is the present average then 1 male infant in 3 may expect to reach the age of 70 and 2 female infants out of 5.

This can be contrasted with the average of the 20 years 1841-1860, when (in round figures) rather less than 1 male in 8 could expect, at birth, to reach the age of 70, and rather more than 1 female in 6.

The variation is due to the enormous reduction in the mortality experience of young people. In proof of this I adduce the fact that between 1841-1860 one half of all the people who died during that period were under 20 years of age—a statement that must sound incredible in these days, but is nevertheless true.

At the time of writing one half of the local mortality experience is under 63 years of age; and nearly 40 per cent. is over 70 years. In 1927 the actual proportions were 33.1 per cent. for males, 41.9 per cent for females, and 39.6 per cent. for persons—figures that are in striking contrast with those of the 19th Century. Since the beginning of this Century the proportion of deaths of persons of 70 and over to deaths at all ages has practically doubled—a striking illustration of the increased expectation of life.

The Table given indicates that even at these ages there is evidence of a decline in the death-rates, particularly in the case of females. This is evidence of an increasing tendency to survival to ages well over 70 years, which is again but an extension of the influence of the same conditions that have brought about the increase in the numbers of those reaching their 70th year.

CAUSES OF DEATH OVER 70 YEARS OF AGE.

The chief causes of death at ages over 70 years are Senile Decay, Bronchitis, Heart Diseases, Cancer and Apoplexy, on the average, in the order named. In 1927, however, Bronchitis headed the list followed by Diseases of the Heart, Senile Decay, Cancer and Apoplexy in the order given. These, with the addition of Pneumonia and Influenza, accounted for more than 75 per cent. of all the deaths in this group.

It is significant that 4 per cent. of these deaths were ascribed to Diseases of the Arteries. This, of course, is closely related to the high proportion of deaths from Apoplexy.

The causes given are the Diseases of Degeneration, and, with the exception of Cancer, which is a definite entity, the others tend rather to complicate one another. Thus Bronchitis and Degenerative Heart Diseases are often associated in the same person, and it becomes a matter of classification.

Again Apoplexy and Diseases of the Arteries are intimately associated since arterial disease is a necessary precursor of the rupture in the Brain which constitutes the Apoplexy.

Senile Decay itself comprises really a group of Degenerative processes with, frequently enough, no pronounced disease. It is actually a very indeterminate term.

DEATHS IN INSTITUTIONS.

Institution.	Inhabitants.			Non-Inhabitants.		
	M.	F.	P.	M.	F.	P.
Infirmary	56	56	112	–	2	2
East Suffolk & Ipswich Hospital	65	55	120	70	57	127
Isolation Hospital	26	12	38	1	5	6
Borough Mental Hospital ...	7	2	9	1	7	8
Nursing Homes	7	2	9	7	11	18
TOTAL	164	141	305	79	82	161

Thus 28 per cent. of all the deaths registered in the Borough occurred in Public Institutions.

DEATHS FROM THE SEVEN PRINCIPAL ZYMOTIC DISEASES.

27 deaths were ascribed to this group in 1927 as compared with 13, 43, 13, 10 and 32 in the 5 preceding years.

There were no deaths referred to Small Pox, Measles or Scarlet Fever, but 18 to Whooping Cough, 6 to Diarrhoea under 2 years of age (1 inward transfer), 2 to Paratyphoid Fever (1 inward transfer), and 1 to Diphtheria.

The death-rate for 1927 slightly exceeded the average of the 6 years 1921-1926, but if the 2 transferred deaths be excluded the actual local death-rate for the year falls below the average.

Period.	No. of Deaths.	Death-rates per 1000 living.
1841—1850	784	2.704
1851—1860	909	2.572
1861—1870	1062	2.610
1871—1880	1425	3.049
1881—1890	1042	1.927
1891—1900	1425	2.294
1901—1910	929	1 319
1911—1920	638	834
1921—1926	149	302
1921	38	.471
1922	32	.393
1923	10	.122
1924	13	.157
1925	43	.517
1926	13	.154
1927	27	.314

It is satisfactory to be able to record that the Zymotic death-rate continues to remain at about one-third of the average prevailing during the period 1911-1920.

ENTERIC FEVER.

This disease caused 2 deaths in 1927, one an inward transfer, leaving the local incidence at 1 death.

Table showing death-rates from Enteric Fever since 1841.

Periods.	No. of Deaths.	Death-rates per 1,000 living. **Ipswich.**
1841—1850	12	·04
1851—1860	24	06
1861—1870	40	09
1871—1880	101	·21
1881—1890	65	·12
1891—1900	119	·19
1901—1910	78	·11
1911—1920	6	·007
1921—1926	3	·006
1921	1	·012
1922	1	·012
1923	—	—
1924	—	—
1925	1	·012
1926	—	—
1927	2	033

SMALL POX.

At the present moment, when the spread of Small Pox throughout the country is bringing home the fact that the disease is not a thing of the past, but on the contrary a very present danger, it is advisable to take stock of the position locally.

There have been five great Epidemics of Small Pox in Ipswich since 1841.

Dates.	No. of Deaths.
1848—1849	93
1854—1855	81
1860—1861	45
1869—1870	34
1871—1872	149
TOTAL	402

These figures tell their own tale, not only of the fatal character of the disease but its tendency to recurrence.

The following Table compares the Small Pox experience of Ipswich with that of England and Wales as a whole since 1841.

Period.	No. of Deaths.	Death-rates per 1 000 living.	
		Ipswich.	England & Wales.
1841—1850	103	.355	—
1851—1860	110	.311	.222
1861—1870	57	.140	.162
1871—1880	155	.331	.245
1881—1890	2	.003	.046
1891—1900	1	.001	.013
1901—1910	—	—	.013
1911—1920	—	—	—
1921—1925	—	—	—
1921	—	—	—
1922	—	—	.001
1923	—	—	—
1924	—	—	—
1925	—	—	—
1926	—	—	—
1927	—	—	—

We may say, therefore, that fatal Small Pox has been absent from the Borough since the great epidemic of 1872, but it is evident that when Ipswich was invaded by Small Pox it fared badly as compared with the average experience of the rest of the country.

I reproduce a Table showing the age incidence of the deaths from Small Pox in Ipswich from 1841 onwards.

Period.	Ages at Death.				
	5	10	—45	+ 45	All Ages.
1841—1850	65	19	14	5	103
1851—1860	57	13	30	10	110
1861—1870	16	9	23	9	57
1871—1880	17	19	97	22	155
1881—1893	—	·	1	2	3

Thus in the period 1841-1860 by far the heaviest fatality was amongst young people under 10 years of age, whereas in the subsequent periods the greatest mortality was experienced amongst persons over 10 years of age.

This age distribution is intimately related to the question of vaccination, the broad general fact being that in the early periods the repeated outbreaks of Small Pox attacked the susceptibles just as Measles does at the present day. In those days the individuals most susceptible to Small Pox were the young children who had been born between the Epidemics. These caught the disease and died in large numbers, as the Table shows. On the other hand, the majority of the elder members of the community were protected by a previous attack of Small Pox.

There were therefore comparatively few to be infected, and of course still fewer to die at these ages.

On the other hand, infant vaccination, which was being practised increasingly, exerted its natural effect, as is shown in the Table of deaths of young persons after 1860. The increase in the deaths at the higher ages during the same period was due to the incidence of the disease amongst the unvaccinated, or those vaccinated persons in whose case, either owing to inefficient vaccination originally or loss of immunity through lapse of time, a condition of susceptibility had become re-established.

For practical purposes, Small Pox, like any other Infectious Disease, confers immunity on those attacked, which lasts for life.

Vaccination, which is performed nowadays with Lymph taken from the vesicles produced by cowpox, protects the successfully vaccinated person, because cowpox is Small Pox modified by passage through the cow but retaining its power to confer immunity on man.

In the past vaccination has suffered quite as much from exaggerated claims of its advocates as from the unbridled abuse of its adversaries.

Lest I should be misunderstood as to my own position, I affirm, without qualification, that vaccination confers absolute protection against an attack of Small Pox, subject to three essential conditions.

1.—The Lymph must be of proved capacity and freshly prepared.

2.—The vaccination must be performed efficiently so as to secure 4 good vesicles. There must be no playing about with one mark, which is a cheatery of the individual, a libel on vaccination, and a proof that the Practitioner concerned does not understand what occurs when he vaccinates a patient. It is this class of inefficiency that has brought a very great deal of discredit on the procedure. But it is not vaccination.

3.—The protective influence of vaccination is not permanent, never has been, and never will be, and all claims to that effect are evidence of lamentable lack of knowledge.

It is probable that an efficient, successful primary vaccination in infancy may protect for 10 years. In adults I think the period is less. I have successfully revaccinated an adult 8 years after a successful primary vaccination, showing that vaccina had ceased to protect against itself, and therefore, of course, Small Pox. But I am quite satisfied that unless the adult is a person of peculiar susceptibility (there are such people) he is now for all practical purposes immune for life.

Whilst vaccination loses its capacity to protect against itself or Small Pox with the passage of time, it never altogether (except possibly in the case of the unusually susceptible subjects above referred to) loses its capacity to influence an attack of Small Pox. Hence the term, modified Small Pox, that is, Small Pox occurring in a person in whose case the protective influence of vaccination has passed away, to the extent of failure to protect against infection, but leaving the individual still possessed of a degree of immunity sufficient to prevent the full development of the disease.

In view of existing circumstances it is disquieting in the extreme to have to record that vaccination is at a low ebb in this area, and that the population is to a very large extent unprotected against the march of Small Pox.

This will prove a very costly matter to the Town from the Ratepayers' point of view if we have an outbreak of any magnitude.

SCARLET FEVER.

There were no deaths due to Scarlet Fever in 1927, as compared with 0, 0, 1, 3, 2, 0 in the previous 6 years.

Period.	No. of Deaths.	Deaths per 1,000 living.	
		Ipswich.	England & Wales.
1841—1850	120	.414	—
1851—1860	120	.339	—
1861—1870	304	.753	.971
1871—1880	200	.428	.719
1881—1890	38	.070	.338
1891—1900	52	.083	.158
1901—1910	15	.021	.106
1911—1920	44	.057	.047
1921—1927	6	.010	.029*
1921	—	—	.034
1922	2	.024	.036
1923	3	.036	.026
1924	1	.012	.023
1925		—	.025
1926	—	—	.017
1927	—	—	.01

*1921—1925.

The type of Scarlet Fever continues to be very mild indeed.

There are occasional septic cases, but the old varieties of Scarlatina Maligna and Scarlatina Anginosa have, for the time being at least, disappeared.

The worst feature of the existing variety is that there are a considerable number of missed cases, which renders control more difficult. Fortunately, so far as School Children are concerned at least, the School Clinic provides a very effective check.

MEASLES.

Period.	No. of Deaths.	Death-rates per 1,000 living.	
		Ipswich.	England & Wales.
1841—1850	87	.300	—
1851—1860	71	.200	.412
1861—1870	74	.183	.443
1871—1880	79	.169	.379
1881—1890	196	.362	.441
1891—1900	181	.291	.414
1901—1910	193	.274	.309
1911—1920	122	.159	.275
1921—1926	22	.044	.122*
1921	—	—	.059
1922	3	.037	.149
1923	2	.024	.138
1924	2	.024	.124
1925	15	.180	.137
1926	—	—	.089
1927	—	—	.09

* 1921—1925

The Mortality from Measles occurs chiefly amongst children under 5 years of age. It is rare for a case of uncomplicated Measles to prove fatal, the chief cause of death being either Bronchitis or Pneumonia.

The male Measles mortality consistently exceeds the female.

WHOOPING COUGH.

There were 18 deaths registered from Whooping Cough in 1927, a number in excess of the average experience of recent years.

Next to Diarrhœa, Whooping Cough is the most fatal of all the Zymotic Diseases in this group.

For practical purposes Whooping Cough is fatal only to children under 5 years of age.

At all ages the female mortality consistently exceeds the male.

Period.	No. of Deaths.	Death-rates per 1,000 living.	
		Ipswich.	England & Wales.
1841—1850	165	.569	—
1851—1860	164	.464	.505
1861—1870	179	.443	.530
1871—1880	265	.567	.513
1881—1890	248	.458	.451
1891—1900	200	.322	.378
1901—1910	167	.237	.277
1911—1920	137	.179	.183
1921—1926	42	.085	.131*
1921	—	—	.121
1922	15	.184	.167
1923	1	.012	.108
1924	4	.048	.103
1925	18	.216	.156
1926	4	.047	.100
1927	18	.209	.090

* 1921—1925

DIPHTHERIA AND CROUP.

There was 1 death from Diphtheria in 1927. The mortality from Diphtheria and Croup is represented thus:—

Period	No. of Deaths.	Death-rates per 1,000 living.	
		Ipswich.	England & Wales.
1841—1850	35	.120	—
1851—1860	50	.141	—
1861—1870	100	.248	.435
1871—1880	109	.233	.291
1881—1890	168	.310	.308
1891—1900	157	.252	.315
1901—1910	102	.144	.192
1911—1920	127	.166	.142
1921—1926	28	.057	.088*
1921	15	.186	.126
1922	6	.073	.107
1923	3	.036	.071
1924	—		.064
1925	1	.012	.071
1926	3	.035	.070
1927	1	.011	—

*1921—1925.

The above Table is to be read with caution, as the Diphtheria statistics of the earlier years of the last Century are open to great suspicion.

The figures for the present Century are much more reliable, and can be taken as reasonably accurate.

The general conclusion to be drawn is that the Disease has had its terrors eliminated to a large extent.

The reasons for this position are in the main two in number, viz. :—

(1) Prompt Hospital isolation.

(2) Adequate Antitoxin administration

Over 90 per cent. of the cases notified are removed to Hospital.

ZYMOTIC DIARRHŒA UNDER TWO YEARS OF AGE.

The following Table indicates the local experience since 1841 :—

Period	No. of Deaths.	Death-rate per 1,000 living Ipswich.	Death-rates per 1,000 births. Ipswich.	Death-rates per 1,000 births. England & Wales.
1841—1850	262	.903	27.89	—
1851—1860	370	1.047	31.02	—
1861—1870	308	763	23.15	—
1871—1880	516	1.104	32.83	—
1881—1890	325	601	30.16	—
1891—1900	714	1.149	40.15	—
1901—1910	374	.531	19.89	—
1911—1920	202	.264	12.21	—
1921—1926	48	.097	5.18	8.0'
1921	22	.272	12.76	16.06
1922	5	.061	3.15	6.58
1923	1	.012	.64	8.12
1924	6	.072	4.18	7.58
1925	8	.096	5.63	8.77
1926	6	.071	3.90	8.70
1927	6	.069	4.23	

1921—1925.

Thus the experience of the year 1927 is an additional example of the low degree of prevalence of fatal Diarrhœa that has been among the outstanding features of the mortality experience of the Borough of recent years.

The disappearance of fatal Zymotic Diarrhœa is a tribute to the improved state of the sanitation of our Town, the good work done in connection with Infant Welfare, the improvement in the Milk supply, the use of Dried Milk, and the diminution in the fly nuisance consequent on the substitution of the horse by motor traffic.

All the deaths in 1927 were under 1 year of age.

The distribution of the deaths was equal for the sexes.

INFLUENZA.

The following Table illustrates the behaviour of the Influenza Death-rates in Ipswich in terms of decennia since 1841 :—

Period.	Males.		Females.		Persons.	
	No.	Death-rates.	No.	Death-rates.	No.	Death-rates.
1841—1850	10	.073	13	.084	23	.079
1851—1860	3	.018	3	.016	6	.017
1861—1870	4	.020	1	.004	5	.012
1871—1880	—	—	2	.008	2	.004
1881—1890	1	.004	4	.014	5	.009
1891—1900	121	.418	143	.433	264	.425
1901—1910	79	.239	82	.221	161	.229
1911—1920	171	.472	204	.506	375	.490
1921—1925	40	.208	68	.314	108	.264
1926	10	.251	9	.203	19	.225
1927	28	.691	30	.646	58	.674

Thus 1927 was quite definitely an Influenza year.

The epidemic was at its height in the month of February, 42 deaths occurring in that month, 7 in January, and 3 in March; the remaining deaths were inter-epidemic.

Influenza is essentially a seasonal disease, as is shown by the following Table, in which is exhibited the monthly distribution of the deaths recorded in Ipswich since 1891 :—

Months	1891—1900.			1901—1910.			1911—1920.			1921—1926.			1927.		
	M.	F.	P.	M.	F.	P.	M.	F.	P.	M.	F.	P.	M	F.	P.
Jan.	23	35	58	13	9	22	12	8	20	13	23	36	6	1	7
Feb.	12	17	29	14	10	24	37	31	68	10	18	28	19	23	42
Mch.	17	18	35	13	13	26	24	24	48	11	14	25	2	1	3
Apl.	10	11	21	8	16	24	7	9	16	5	8	13	—	1	1
May	15	17	32	5	13	18	1	7	8	1	4	5	—	—	—
June	11	14	25	6	1	7	5	—	5	1	1	2	—	1	1
July	3	2	5	—	3	3	2	4	6	1	2	3	—	1	1
Aug.	4	2	6	—	2	2	1	3	4	1	—	1	—	—	—
Sep.	—	1	1	4	1	5	1	3	4	—	1	1	—	—	—
Oct.	2	1	3	1	3	4	11	12	23	1	3	4	—	1	1
Nov.	5	8	13	4	5	9	54	84	138	3	3	6	1	—	1
Dec.	19	17	36	11	6	17	16	19	35	3	—	3	—	1	1
Year	121	143	264	79	82	161	171	204	375	50	77	127	28	30	58

From this it appears that the distribution of the disease has undergone an appreciable alteration since its re-introduction in 1890. At that time, although the greatest violence was found in the first quarter it tended to extend into the second quarter. In illustration there was a severe outbreak in May and June, 1891, and an unusually prolonged epidemic from March to June, 1893.

Of recent years, with one notable exception, the weight of the disease has fallen on the first three months of the year.

The exception was the great epidemic of November, 1918. This began in October, reached its maximum in the middle of November, and came to an end towards the close of December. This one epidemic was responsible for the whole of the excess recorded in the December qaurter of the Decennium 1911-1920.

Apart from this, Influenza has not been conspicuous in the December quarter, except in 1897, 1899, 1904, and to a minor extent in 1916.

In contrast with the comparative immunity of the December quarter, the liability of the March quarter is very striking.

There is not much difference as between January and March, but the severe epidemics of February, 1919, and 1927 give an undue prominence to this particular month. These two epidemics were by far the most fatal recorded for any February since the reappearance of Influenza.

In every epidemic of Influenza the death-rate from Bronchitis and Pneumonia rises abruptly during the incidence of the epidemic.

Therefore it is necessary to observe these variations in order to arrive at the actual position. In illustration the Respiratory mortality-rate for February, 1927, was more than double the average experience of the 6 previous years.

DEATHS FROM TUBERCULOSIS IN 1927.

90 deaths were ascribed to the various forms of Tuberculosis in 1927 as compared with 69 in 1926 and an average of 88 for the 5 years ending 1925.

The male mortality from Pulmonary Tuberculosis in 1927 was in excess of the average of recent years.

Period.	Pulmonary T.B.				Non-Pulmonary T.B.			All Forms of T.B.			
	Males.	Females.	Persons.		Males.	Females.	Persons.	Males.	Females.	Persons.	
			Ipswich.	England & Wales.						**Ipswich.**	England & Wales.
1841—1850	3.52	3.60	**3.57**	—	.36	.35	.35	3.88	3.96	**3.92**	—
1851—1860	2.72	3.08	**2.91**	2.68	.54	.42	.47	3.27	3.50	**3.39**	3.47
1861—1870	2.76	2.85	**2.83**	2.48	.55	.34	.44	3.31	3.19	**3.28**	3.25
1871—1880	2.74	2.44	**2.57**	2.12	.47	.47	.47	3.21	2.92	**3.05**	2.87
1881—1890	2.18	1.98	**2.07**	1.73	.61	.59	.60	2.79	2.57	**2.67**	2.43
1891—1900	1.99	1.54	**1.74**	1.39	.43	.41	.42	2.43	1.95	**2.17**	2.01
1901—1910	1.73	1.23	**1.46**	1.16	.38	.34	.36	2.12	1.57	**1.82**	1.65
1911—1920	1.34	1.07	**1.20**	1.07	.35	.27	.31	1.69	1.35	**1.50**	1.42
1921—1925	1.08	.78	**.92**	.85	.17	.14	.15	1.26	.92	**1.07**	1.08
1921	1.03	1.01	**1.01**	.88	.13	.18	.16	1.16	1.19	**1.17**	1.12
1922	.99	.90	**.94**	.88	.20	.06	.13	1.20	.97	**1.08**	1.12
1923	1.06	.62	**.82**	.83	.15	.20	.18	1.22	.83	**1.01**	1.06
1924	.97	.68	**.82**	.84	.15	.16	.15	1.13	.84	**.97**	1.05
1925	1.35	.68	**.99**	.83	.20	.09	.14	1.56	.77	**1.14**	1.03
1926	.70	.68	**.69**	.82	.17	.09	.13	.87	.77	**.82**	.96
1927	1.23	.55	**.87**	—	.17	.17	.17	1.40	.72	**1.04**	

Thus the local mortality experience from Tuberculosis continues to be favourable in comparison, not only with that of England and Wales as a whole, but with the previous records since the commencement of the present Century, and of course much more so when contrasted with the death-rates recorded during the available period of the 19th Century.

The fall in the death-rates from Pulmonary Tuberculosis is one of the most striking features of the local mortality statistics, and it is evident that the female sex has declined to a considerably greater degree than the male.

The factors contributing to this decline have been referred to in detail in previous Reports. It will suffice therefore to summarise the main agencies concerned in the production of the present state of affairs as follows :—

1.—The gradual evolution of a Community in process of establishing immunity from Tuberculosis. At present this is partial, but it is in progress.

2.—The gradual improvement in the conditions of life of the people, both in their homes and in their places of work.

3.—The spread of the knowledge of the laws of health and their intelligent application by increasing numbers of people.

4.—The influence of the direct campaign. This an agency that has been challenged in many quarters, but there are very few areas in which the Tuberculosis menace has been dealt with as it has been in Ipswich, both from the point of view of the length of time that the actual campaign has been in progress, and from that of the extent of the equipment provided to deal with the case.

CANCER.

The Cancer experience in Ipswich is exhibited in the following Table, in which is set forth the decennial numbers of deaths and death-rates from 1841-1920, and the annual numbers and rates since 1911.

Period.	Males.		Females.		Persons.		
	No. of Deaths.	Death-rates per 1,000 living.	No. of Deaths.	Death-rates per 1,000 living.	No. of Deaths.	Death-rates per 1,000 living.	
						Ipswich.	England & Wales.
1841—1850	12	.08	50	.32	60	.21	—
1851—1860	21	12	80	.42	101	.28	.31
1861—1870	47	.24	143	.66	190	.47	.38
1871—1880	96	.43	193	.77	289	.61	.47
1881—1890	115	.45	243	.84	358	.66	.59
1891—1900	182	.62	299	.90	481	.77	.75
1901—1910	290	.87	413	1.11	703	.99	.90
1911—1920	399	1.10	562	1.39	961	1.25	1.08
1921—1925	256	1.33	329	1 52	585	1.43	1.26
1911	34	.96	49	1.24	83	1.11	.99
1912	37	1.04	52	1.31	89	1.18	1.02
1913	44	1.11	58	1.45	102	1.34	1.06
1914	42	1.15	53	1.31	95	1.23	1.06
1915	39	1.06	62	1.53	101	1.31	1.12
1916	48	1.31	52	1.28	100	1.30	1.16
1917	44	1.20	60	1.47	104	1.35	1.21
1918	29	.79	54	1.32	83	1.07	1.21
1919	44	1.20	50	1.22	94	1.21	1.14
1920	38	1.02	72	1.72	110	1.39	1.16
1921	42	1.11	56	1.31	98	1.21	1.21
1922	51	1.33	62	1.44	113	1.39	1.22
1923	39	1.01	74	1.70	113	1.38	1.26
1924	58	1.48	60	1.36	118	1.42	1.29
1925	66	1.68	77	1.74	143	1.72	1.34
1926	44	1.10	61	1.38	105	1.24	1.36
1927	60	1.48	66	1.45	116	1.34	—

The Table proves the statistical increase in the mortality from Cancer.

If the rates for the decennium 1851-1860 be compared with those for the 7 years 1921-1927 it will be found that the increase is equal to 966 per cent. for males, 252 per cent. for females, and 393 per cent. for persons.

In the last half of the 19th Century the male Cancer death-rate increased by 416 per cent., and since the beginning of this Century it has doubled itself. On the other hand, the female rate increased in the last half of the 19th Century by 114 per cent., and since the beginning of this Century by 64 per cent.

Thus the rate of increase in the male Cancer death-rate is considerably greater than the female.

In 1851-1860 Cancer was the cause of 0.51 per cent. of the male death-rate from all causes, 1.98 per cent. of the female death-rate, and 1.26 per cent. of that of persons. On the other hand in the period 1921-1927 Cancer was responsible for 11.14 per cent. of the male death-rate, 13.87 per cent. of the female death-rate, and 12.5 per cent. of the death-rate of persons.

The male Cancer death-rate is steadily overhauling the female rate. This is shown in the following Table, in which the male and female death-rates are compared in terms of female deaths per 100 male deaths.

Period.	Female Deaths per 100 Male Deaths.
1841—1850	400
1851—1860	350
1861—1870	275
1871—1880	179
1881—1890	187
1891—1900	145
1901—1910	127
1911—1920	126
1921—1927	115

Thus the male Concer death-rate has gradually crept up within 15 per cent. of the female rate.

In seeking an explanation of this phenomenon it is very needful to bear in mind the essential fact that whilst these statistics are a reasonably accurate statement of the deaths certified as being due to Cancer, they do not state the real Cancer case. It may be that the statistics of Cancer deaths at the present moment do present figures near the truth, but it is very certain indeed that the Cancer figures of, say 50 years ago, by no means present a true picture of the real prevalence of Cancer at that time. We must bear in mind that the diagnosis of disease to-day is a very different matter from what it was in the middle of last century, and we should do well not to forget that even with all the modern means of diagnosis available there are cases of Cancer discovered on the Post Mortem Table. My own researches have proved to me quite conclusively that in the earlier years to which my local statistics refer large numbers of deaths were ascribed to symptoms consistent with the existence of Cancer, if not altogether absolute evidence of its presence.

I have formed the definite opinion that a very large part of the apparent increase in Cancer is due to increase in the accuracy of diagnosis, and is therefore statistical, not actual.

It is impossible to discuss this matter fully in a Report of this kind, and I must therefore content myself with the statement of the general principle, that the increase in Cancer is greatest in the case of those organs in which the difficulty of diagnosis is greatest, and least in the case of organs for long known as notorious sites of Cancer.

In illustration, if the death-rate for 1921-1927 from Cancer of the female generative organs be compared with that of 1881-1890, the increase is 21 per cent., whereas the corresponding increase for the intestines is 961 per cent., for the stomach 131 per cent., and the liver 120 per cent.

The increase for the breast is 229 per cent., but the rate for the last 7 years is clearly disproportionate. In the case of males the corresponding figures show an increase in the Generative System of 936 per cent., 689 per cent. for the Intestines, 347 per cent. for the Stomach, and 74 per cent. for the Liver.

In the case of the Stomach the rate recorded for the last seven years is disproportionate.

I give Tables showing the recorded site death-rates from Cancer of various organs as Decennial death-rates from 1841 onwards, for both sexes.

MALES.

Table showing the decennial death-rates from Cancer arranged according to site distribution since 1841.

Sites.	1841-1850	1851-1860	1861-1870	1871-1880	1881-1890	1891-1900	1901-1910	1911-1920	1921-1927
1. Stomach ...	.007	.012	.041	.059	055	.096	.169	.157	.246
2. Rectum ...	—	.012	.020	.064	.047	.065	.106	.179	.150
3. Intestines ...	.007	—	.005	.004	.019	.034	087	099	150
4. Generative System	—	—	.010	.013	.011	.006	.024	049	114
5. Œsophagus ...	—	—	—	.013	.031	.069	.057	.096	106
6. Liver & Gall Bladder	—	.024	.015	.068	059	089	.127	.118	103
7. Tongue ...	—	.006	.031	.022	.027	.027	054	055	095
8. Mouth, etc. ...	—	012	.005	.009	.023	.020	.018	.024	055
9. Bladder ...	—	—	.005	.004	—	.017	.015	033	.044
10. Larynx ...	—	—	—		007	.010	.012	055	036
11. Kidney ...	—	—	.005	—	.003	.006	.009	018	029
12. Jaws ...	—	—	—	.004	.023	.013	.036	.044	025
13. Neck, etc. ...	007	—	015	.009	019	.020	033	.041	022
14. Lip ...	—	.006	.005	.013	003	.003	.003	022	018
15. Extremities ...	—	—	.010	.013	.003	017	.018	024	018
16. Thorax ...	.007	—	.010	—	.003	.006	006	009	018
17. Face ...	.029	.012	.010	.013	003	027	012	009	013
18. Lung ...			—	—	003	013	015	024	009
19. Parts not stated ...	.029	.030	.046	.096	067	048	018	012	006
20. Pancreas ...	—	—	—	—	.003	—	.003	015	006
21. Head and Brain .		—	—	.009	003	.010	.012	012	003
22. Mesentery ..		—	-	.009	007	006	009	003	003
23. Other parts of Body	—	.012	—	—	003	003	006	003	003
24. Abdomen ...	—	—	.005	.009	.011	010	.012	003	—
25. Breast ...	—	—	—	—	—	—	003	.003	
All Sites	.08	.12	.24	.43	45	62	.87	1.10	1 28

FEMALES.

Table showing the decennial death-rates from Cancer arranged according to site distribution since 1841.

Sites	1841-1850	1851-1860	1861-1870	1871-1880	1881-1890	1891-1900	1901-1910	1911-1920	1921-1927
1. Generative System	110	184	246	274	263	266	303	.35	319
2. Breast ...	081	143	153	.126	.090	1.39	.209	208	296
3. Intestines		005	—	020	025	.030	.080	[illegible]	[illegible]
4. Stomach ...	.006	025	036	028	.062	.081	.080	[illegible]	143
5. Liver & Gall Bladder		010	025	063	.065	[illegible]	104	[illegible]	[illegible]
6. Rectum ...			004	024	.048	[illegible]	.061	[illegible]	071
7. Extremities ..	006	[illegible]	018		006	.015	.013	022	032
8. Œsophagus .			024	012	[illegible]	.012	026	[illegible]	029
9. Neck ...	013		[illegible]	008	[illegible]	015	.016	[illegible]	025
10. Bladder .		—	009	[illegible]		.008	.008	[illegible]	025
11. Pancreas ...	— —	035		-		003	.003	[illegible]	025
12. Other parts of body	—	005		004	.010	003	.005		019
13. Mouth, etc. ...	006		004	004	.003	.003	.101	012	016
14. Jaws ...	006		004	004		.006	010	019	013
15. Mesentery, etc ...				.008	013	.018	.024	007	013
16. Thorax ...		—	004	008	003	.003	.005	[illegible]	013
17. Tongue ...	—			.012	003	009	005	012	009
18. Larynx ...	.006			008		009	.005	[illegible]	009
19. Kidney ...					006	.009	.016	.014	009
20. Part not stated ..	.058	.074	.139	.153	.163	090	.021	009	009
21. Head and Brain	013	-		.004	010	.003	.008	012	006
22. Face ...	013	005	004		.010	003	.008	014	003
23. Abdomen ...	-		004	.016	.017	.033	.010	014	003
24. Lip ...		-			003			004	
25. Lungs ...					003	.006	.002	007	
All Sites	32	42	66	77	.84	.90	1 11	[illegible]	1 48

It appears that in the case of males the incidence of Cancer is upon the Alimentary System, the chief sites being the Stomach, Rectum, Intestines, Œsophagus, and Liver.

The rate recorded for the Stomach in the last seven years is excessive. It is of interest that in males Cancer of the Intestines was seldom recognised as a cause of death until after 1885.

It is very difficult to account for the fact that the male death-rates from Cancer of the Tongue, the Mouth, the Œsophagus and the Stomach consistently, and considerably, exceed the rates of the corresponding female sites. On the other hand, Cancer of the Intestines is more frequent in females, whereas Cancer of the Rectum is more common in males. These consistent sex differences are neither accidental nor meaningless.

Since the beginning of this Century there has been a remarkable increase in Cancer of the male Generative System, due, in the main, to the recognition of Cancer as a disease of the Prostate Gland. Between 1841 and 1900 only 1 death (1883) was ascribed to Cancer of the Prostate. On the other hand, 4 deaths were ascribed to this site in 1901-1910, 12 in 1911-1920, and 21 in 1921-1927.

Another striking variation of recent years is the increase recorded for Cancer of the Larynx in males. It is difficult to explain why the male Larynx should be more prone to Cancer than the female.

Age Distribution of the Decennial Cancer Death-rates since 1881.

Ages	Males.					Females.				
	1881-1890	1891-1900	1901-1910	1911-1920	1921-1927	1881-1890	1891-1900	1901-1910	1911-1920	1921-1927
— 5	—	—	—	.08	.08	.03	.05	.02	.02	—
— 10	—	.02	02	.05	08	—	—	.02	.05	.08
— 15	—	.06	—	—	—	.03	.03	.05	—	—
— 20	—	.10	—	—	—	—	—	—	.02	.04
— 25	.048	04	.07	—	—	.03	—	—	.03	.03
— 30	.05	.09	.07	.07	.14	.08	.11	.12	.18	.08
— 35	—	.04	.04	.03	.10	.25	.29	.10	.19	.21
— 40	20	.33	.27	.19	.10	.53	.63	.91	.67	49
— 45	15	.43	.71	.46	.46	1.31	1.05	1.85	1.04	1.35
— 50	81	.91	1.33	.92	1.41	1.72	1.60	1.85	2.08	2.01
— 55	1.28	1 90	2.37	2.00	2.64	1.88	2.70	2.77	2.51	2.70
— 60	1.98	2.46	3.92	3.34	4.17	4.88	4.50	3.50	3.79	2.92
— 65	2.30	4 10	4 84	5.23	4.41	3.39	3.38	5.29	4.08	5.25
— 70	5 17	5 05	5.94	10 53	8.80	5.48	6.37	5.95	7.88	6.57
— 75	4 74	6.11	9 04	10.84	11.71	4.11	4.43	7.55	10.55	8.17
— 80	1.98	4 06	9 23	15 17	14.23	4.18	5.31	8.82	10.20	10.72
— 85	3 42	2.39	6.17	6 90	11.54	5.67	7.33	7.10	11.38	18.45
85	3.16	6 33	1.88	5 07	11.06	3.03	2.58	8.86	9.09	11.15
All	.45	62	.87	1.10	1.28	.84	90	1.11	1.39	1.48

According to this Table Cancer is a disease of middle life and onwards. It is in essence an accompaniment of the degenerative stage of life, and may be regarded as evidence of a degeneration of the cell quality of control of growth.

It would not appear that there is evidence of increase of Cancer for either sex under 45 years of age.

There is no difference in the mortality experience of the sexes under 30 years of age, but females between 30 and 60 are more liable than males.

The progressive increase in the density of the death-rate as age advances is conspicuous in the extreme. At the present moment the male death-rate exceeds the female between 55 and 80 years of age, and the maximum male death-rate is recorded between 75 and 80 years of age.

The female death-rate, on the other hand, is at its maximum between 80 and 85 years.

There is a decline from the maximum male death-rate after 80 years of age, and in the case of females 85 years of age.

Over 85 years of age the mortality for both sexes is about the same.

DEATHS FROM DISEASES OF THE RESPIRATORY SYSTEM.

203 deaths were referred to Respiratory Diseases in 1927, as compared with 152, 162, 124, 147, 181, and 125 respectively in the six preceding years.

The death-rate for persons was equal to 2.361 per 1,000 living, the highest rate recorded since 1917.

Contrary to the usual experience the female death-rate considerably exceeded the male.

Period.	Respiratory Death rates per 1 000 living.		
	Males.	Females.	Persons
1841 1850	3.689	3.061	3.356
1851—1860	3.847	2.968	3.379
1861 1870	3 674	3.055	3.375
1871 1880	3.810	3 038	3.394
1881 1890	3.659	2.782	3.193
1891 1900	3.677	2.776	3.187
1901 —1910	2 387	2.138	2.247
1911 - 1920	2.357	2.033	2.189
1921 1925	1,800	1.815	1.808
1926	1.846	1.771	1.806
1927	2.053	2.633	2.361

Of the deaths during 1927, 99 were ascribed to Bronchitis (males 33, females 66), 87 to Pneumonia (males 43, females 44), and 17 to all other forms (7 males and 10 females).

There were thus in all 83 male deaths as compared with 120 females. The female excess was due largely to Bronchitis, the real incidence of which fell upon women over 60 years of age, there being only 6 deaths referred to Bronchitis under that age.

In the case of the male deaths from Bronchitis, 28 out of 33 were over 60 years of age. I repeat the warning already given in these Reports that Bronchitis in persons over 55 years of age should be regarded as a serious disease. At these ages it is one of the great killing diseases, and should be treated accordingly.

On the other hand, Pneumonia is much more fatal to young people. Thus 46 of the 87 deaths referred to Pneumonia occurred in persons under 60 years of age, and 20 of these were under 5 years of age.

The following Table gives the age incidence of the deaths from Respiratory Diseases since the beginning of this century.

Ages.	1901 to 1910.	1911 to 1920.	1921 to 1925.	1926.	1927.
- 5	8.54	6.90	4.24	3.66	3.95
10	.38	.44	.27	.41	.68
15	.07	.19	.10		—
- 20	.16	.23	.22		—
25	.18	.27	.24	.15	
25 - 35	.37	.27	.26	.31	.38
35 - 45	.54	.77	.53	.66	.57
45 - 55	1.49	1.07	1.14	1.24	1.12
55 - 65	3.25	3.02	1.92	4.21	2.66
65 - 75	9.25	9.74	8.98	6.39	10.70
75 - 85	21.48	22.89	23.30	17.37	37.72
85+	27.58	47.87	47.49	66.11	50.00
All ages	2.25	2.19	1.82	1.80	2.36

The steady diminution in the Respiratory death-rates under 5 years of age is noteworthy.

I give the following Table showing month by month the average death-rates from Diseases of the Respiratory System since 1901.

RESPIRATORY MORTALITY RATES.

Month	1901-1910.			1911-1920.			1921-1926.			1927		
	M.	F.	P.	M.	F.	P.	M.	F.	P.	M.	F.	P.
Jan	4.32	4.25	4.28	3.35	3.33	3.34	3.35	4.16	3.75	4.96	6.47	5.77
Feb	3.49	3.80	3.66	5.35	3.77	4.52	3.07	3.67	3.39	4.99	8.86	7.04
Mar.	3.64	3.01	3.31	3.48	3.65	3.55	2.54	2.48	2.51	2.33	3.37	2.88
Apl	3.02	2.10	2.53	3.70	2.47	3.06	2.57	2.28	2.42	1.81	1.31	1.56
May	2.03	1.77	1.90	1.95	1.46	1.69	1.27	.76	1.04	2.04	2.07	2.06
June	1.51	1.11	1.30	1.04	1.21	1.13	.99	.74	.86	.60	1.33	.99
July	1.43	.88	1.14	1.20	.61	.89	.86	.45	.64	.58	.77	.68
Aug	1.35	.85	1.09	.97	.61	.78	.86	.54	.69	2.04	.51	1.23
Sep.	1.03	.91	.97	1.31	.69	.98	.63	.83	.74	.90	.53	.71
Oct	1.28	1.62	1.46	1.33	1.25	1.28	1.27	.90	1.07	.88	.77	.82
Nov	2.40	2.42	2.41	2.15	2.96	2.58	1.57	2.19	1.90	.90	2.41	1.70
Dec	3.18	3.01	3.09	2.70	2.57	2.63	2.79	2.79	2.79	2.62	3.37	3.02

This shows at once in the clearest possible way the definite and constant relationship between deaths from Bronchitis and Pneumonia and the season of the year.

The contrast between the heavy mortality rates recorded for the Winter months and the low rates in the Summer months is striking.

In former years attention would doubtless have been directed to cold and damp. Whilst not denying the evil effects of damp in this relation, stress would to-day be laid on a far more potent factor than cold, namely, the want of direct sunlight, lowering vitality, especially in the case of the very young and persons over 50 years of age.

DISEASES OF THE HEART.

In previous Reports attention has been drawn to the influence of Heart Diseases in the production of the general death-rate. At the present moment about 11 per cent. of the death-rate from all causes is due to Heart Disease in some form or other.

In 1927 129 deaths (57 males and 72 females) were ascribed to the different varieties of Heart Disease. This was equal to 12.17 per cent. of the total deaths recorded during the year, as compared with an average of 10.8 per cent. for the 6 years 1921-1926.

Since the beginning of 1921, 716 deaths have been ascribed to the various forms of Heart Disease (328 males and 388 females). Of these 3 (all males) were due to Pericarditis, 16 (6 males and 10 females) to Endocarditis, 22 (14 males and 8 females) to Angina Pectoris, and 675 (305 males and 370 females) to the various forms of Valvular and other varieties of Disease of the Heart.

Pericarditis, Endocarditis, and Angina Pectoris account for about 6 per cent. of the total mortality from Heart Diseases.

The male death-rate for the years 1921-1927 for the whole group under consideration was equal to 1.20 per cent. per 1,000 living, the female to 1.26 per cent. per 1,000 living, whilst the rate for persons was 1.23 per cent.

Heart Diseases are amongst the most disastrous and disabling of the Diseases of degeneration. Frequently indeed death is the termination of a prolonged period of incapacity and suffering, whilst the resulting economic losses are enormous. The group is a great menace at all ages, but particularly over 45 years of age. Thus, of the total of 716 deaths recorded between 1921 and 1927, only 64 were under 45 years of age, or just below 9 per cent. of the total.

Locally, at least, it can be stated with reasonable accuracy, that over 90 per cent. of all the deaths from Heart Diseases are of persons over 45 years of age, the persons in short subject to degenerative changes. Without entering into details, a very large number of the deaths from Heart Diseases are due to degenerative changes in the Heart Muscle itself occurring at the period of life at which degeneration of various kinds are to be expected.

I give a Table showing the classification of the various forms of Heart Diseases from the period 1921-1926 and the year 1927.

Heart Diseases.	1921—1926.						1927.						1921—1927.		
	-45.			+45.			-45.			+45.			All Ages.		
	M.	F.	P.	M	F.	P.	M.	F.	P.	M.	F.	P.	M.	F.	P.
Pericarditis	1	—	1	2	—	2	—	—	—	—	—	—	3	—	3
Endocarditis	4	7	11	1	2	3	—	1	1	1	—	1	6	10	16
Angina Pectoris	—	—	—	10	5	15	—	—	—	4	3	7	14	8	22
Heart Diseases	21	22	43	232	280	512	3	5	8	49	63	112	305	370	675
TOTAL	26	29	55	245	287	532	3	6	9	54	66	120	328	388	716

DEATHS FROM CEREBRAL HEMORRHAGE, CEREBRAL THROMBOSIS, AND CEREBRAL EMBOLISM.

80 deaths were referred to this group in 1927, as compared with 76, 60, 64, 53, and 63 in the 5 preceding years.

Between 1921 and 1927 the group was responsible for 7.12 per cent. of the total deaths registered at all ages, although for practical purposes the whole of the deaths were of persons over 45 years of age.

In 1927 the group provided 7.54 per cent. of the total deaths from all causes at all ages.

The group constitutes one of the most important of the diseases comprised under the term "The Diseases of Degeneration." It is pre-eminently associated with advance in age, and the greater the age the greater the danger.

Year.	Cerebral Hæmorrhage.			Cerebral Thrombosis and Embolism.			Totals.		
	M.	F.	P.	M.	F.	P.	M.	F.	P.
1921	34	22	56	5	3	8	39	25	64
1922	26	27	53	5	5	10	31	32	63
1923	15	32	47	4	2	6	19	34	53
1924	20	32	52	5	7	12	25	39	64
1925	22	30	52	5	3	8	27	33	60
1926	33	31	64	6	6	12	39	37	76
1927	30	34	64	3	13	16	33	47	80
TOTAL	189	208	388	33	39	72	213	247	460
Death rates per 1,000 living 1921 1927.	661	678	670	121	127	124	782	805	794

In 1927, 41, or one half of the deaths, were of persons over 70 years of age.

These diseases are disastrous, not only from the point of view of their tragic rapidity on occasion, but far more from their disabling and crippling effects on those who survive, effects often of such a nature as to render death a welcome release.

Cerebral Hemorrhage is due to a diseased condition of the walls of the blood vessels in the brain, the effect of which is to render these vessels liable to rupture if exposed to undue or sudden strain. People, therefore, of Plethoric habit, a tendency of high blood pressure, or other circulatory disturbance, should take warning from the condition of their blood vessels and avoid strain if these vessels show signs of disease.

Healthy blood vessels do not rupture, neither do they suffer from Thrombosis.

The conditions giving rise to disease in blood vessels require close study, in order to determine their cause and to indicate the proper modes of prevention.

Therein only lies the secret of the prevention of the disasters necessarily inherent in the group under consideration.

DEATHS FROM VIOLENCE.

The Death-rates from the various forms of violence in Ipswich since 1841, including Suicides, are exhibited thus :—

Period.	Death-rates per 1,000 living.		
	Males.	Females.	Persons.
1841—1850	.89	.25	55
1851—1860	.88	.38	61
1861—1870	.87	.26	.56
1871—1880	.76	.20	47
1881—1890	.75	23	47
1891—1900	.78	29	52
1901—1910	.73	29	50
1911—1920	73	36	54
1921—1925	58	26	42
1921	60	37	48
1922	52	18	34
1923	67	25	45
1924	61	31	45
1925	57	22	34
1926	55	44	49
1927	66	22	.43

37 deaths (27 males and 10 females) were referred to violence in 1927, as compared with 42, 29, 38, 27, and 28 respectively in the previous 5 years.

The sex death-rates for the year did not differ materially from the average.

9 of the deaths were from suicide (6 males, 3 females); of these 4 (1 male, 3 females) were due to hanging, 2 to drowning, 2 to coal gas poisoning, and 1 to cut throat.

From the beginning of 1921 to the end of 1927, 250 deaths from violence have been recorded in Ipswich. Of these 55 (22 per cent.) were suicides.

There were thus 195 deaths due to other forms of violence, of which 56, or 27.7 per cent. were caused by vehicular traffic. Motor-cars and motor-cycles were responsible for 37, or 66 per cent. of the total, railway accident accounted for 8, push bicycles 6, trackless trams 3, and electric trams 2.

Thus more than one quarter of the deaths from violence other than suicide were connected with transport.

In the year 1927 10 people were killed by motor vehicles, 3 by trackless trams, 1 by a push bicycle, and 1 on the railway.

Thus actually more than 53 per cent. of the deaths from violence in 1927, other than suicide, were due to conditions of transport—a really formidable and arresting figure, calling for the most serious consideration by the Authorities responsible for traffic control.

PUERPERAL MORTALITY, 1927.

The average experience of Ipswich, based upon the evidence of many years, is that four women die in giving birth to 1,000 infants.

In 1927, 7 women died in giving birth to 1,416 infants, the equivalent of a mortality rate of 4.94 per 1,000 births. This compares with 5.84 for the year 1926.

Of the deaths in 1927, 3 were due to Puerperal Septicæmia, 2 to Hemorrhage from Placenta Prævia, 1 to Eclampsia, and 1 to Heart Failure.

The following Table shows the behaviour of Puerperal Fever in Ipswich since 1891.

The rates are ratios per 1,000 births.

Decennium.	Notifications.		Deaths.		Case Fatality per cent.
	Nos.	Rates.	Nos.	Rates.	
1891—1900	39	2.19	28	1.57	71.8
1901—1910	26	1.38	12	63	46.1
1911—1920	54	3.26	23	1.39	42.6
1921—1925	60	7.77	12	1.55	20.0
1921	5	2.90	3	1.74	60.0
1922	5	3.15	1	63	20.0
1923	10	6.46	2	1.29	20.0
1924	21	14.68	2	1.39	9.0
1925	19	13.37	4	2.81	21.0
1926	12	7.79	2	1.30	16.6
1927	7	4.91	3	2.11	42.8

There were thus fewer notifications than in any of the previous four years, but the mortality experience was very unfavourable.

All the cases of Puerperal Sepsis were removed to Hospital, four to the East Suffolk and Ipswich Hospital, of whom three died, and three to the Borough Fever Hospital, who all recovered.

Five cases of Puerperal Pyrexia were notified in 1927. One of these was transferred to the Septicaemia group, and died from Puerperal Fever.

Of the remainder, one was a case of recrudescence of a Phlebitis that had occurred before the confinement took place, one was a case of Cystitis, one of Retroversion of the Uterus with a slight Metritis, and the other remained, undiagnosed, as a case of Puerperal Pyrexia.

INFANT MORTALITY.

The following Table gives the Infant Mortality experience of Ipswich since 1841, together with the corresponding figures for England and Wales :—

Years	Ipswich.	Death rates.		Proportional Ratios.
	No. of Deaths.	Ipswich.	England & Wales.	
1841 1850	1,658	176	153	100
1851 1860	2,053	172	154	97
1861 1870	2,123	159	154	90
1871 1880	2,393	152	149	86
1881 1890	2,331	136	142	77
1891 1900	2 763	155	153	88
1901 1910	2,367	126	128	71
1911 1920	1,505	91	100	51
1921 1925	471	61	76	35
1901	320	168	151	95
1902	224	119	133	67
1903	271	138	132	78
1904	270	140	145	79
1905	283	145	128	82
1906	272	142	132	80
1907	194	104	118	59
1908	198	109	120	62
1909	162	90	109	51
1910	173	96	105	54
1911	181	102	130	58
1912	195	111	95	63
1913	174	96	108	55
1914	188	104	105	59
1915	152	94	110	52
1916	135	81	91	46
1917	120	91	96	51
1918	115	83	97	47
1919	100	70	89	40
1920	145	72	80	41
1921	128	74	83	42
1922	85	53	77	30
1923	79	51	69	29
1924	75	52	75	29
1925	104	73	75	41
1926	70	45	70	25
1927	92	65		37

Thus there was an increase in the mortality recorded in 1927 as compared with 1926, and with the average of the 5 years 1921-1925.

Increases were recorded in the numbers of deaths ascribed to Premature Birth, Whooping Cough, Bronchitis and Pneumonia. The excess mortality occurred in the first quarter of the year.

The sex distribution of the Infant Mortality of the Borough is shown in the following Table of Decennial averages since 1841-1850.

Infant Death-rates per 1,000 Births.

Periods.	Males.		Females.	
	Ipswich.	England & Wales.	**Ipswich.**	England & Wales.
1841—1850	**191**	167	**161**	137
1851—1860	**184**	168	**159**	139
1861—1870	**167**	168	**151**	139
1871—1880	**171**	163	**134**	134
1881—1890	**153**	155	**118**	128
1891—1900	**174**	168	**135**	138
1901—1910	**138**	140	**113**	114
1911—1920	**105**	112	**76**	89
1921—1926	**69**	86*	**47**	66*
1927	**69**	—	**59**	

* 1921—1925

This table illustrates the fact that whatever the rate of Infant Mortality may be, the average experience is that the male infant mortality is always considerably higher than the female.

Examination of the figures reveals the further interesting fact that average diminutions in the female mortality rate definitely indicate that at some subsequent period the male rate will reach the same level.

It is of interest, therefore, that the average female rate for 1921-1926 was 47, as compared with 69 for males. We should expect the female diminution rate to slow down, so that the indicated reduction in the male rate should bring the sex rates close together, which is as it should be.

The principal causes of Infant death in 1927 were Prematurity, Atrophy, and the other diseases peculiar to early Infancy.

This group accounted for 43 deaths (Prematurity 28, Atrophy 13, others 2), or 46.7 per cent. of the total Infant deaths.

Next in importance came Zymotic Diseases, which accounted for 15 deaths (Whooping Cough 8, Diarrhœa 6, and Diphtheria 1), or 16.3 per cent. of the total.

Respiratory Diseases accounted for 12 deaths (Pneumonia 8, Bronchitis 4), or 13.0 per cent.

Lastly, Congenital Malformations caused 9 deaths, or 9.8 per cent. of all the Infant deaths.

AGE DISTRIBUTION OF INFANT DEATHS, 1927.

		DAYS.																				
		1			2			3			4			5			6			7		
		M	F	P	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P
Infectious Diseases	Pertussis ...																					
	Diphtheria ...																					
	Diarrhœa ...																					
Other Infections	Influenza ...																					
	Cerebro-Spinal Fever ...																					
	Syphilis ...																					
Tuberculosis	Pulmonary ...																					
	Cerebral ...																					
Nervous System	Cerebral Hæmorrhage										1	—	1									
	Convulsions ...																					
	Otitis Media ...																					
Respiratory System	Bronchitis ...																					
	Pneumonia ...										1	—	1									
Digestive System	Intestinal Obstruction																					
Genito-Urinary System	O.D. Kidney...																					
Integ. System	Cellulitis																					
Malformations	Congenital Malformation				1	—	1	—	1	1	2	—	2								1	1
Early Infancy	Atrophy, Debility, Marasmus				—	1	1	1	1	2				1	2	3						
	Prematurity ...	5	1	6	4	1	5	1	3	4	2	1	3							1	—	1
	O.D. Early Infancy...							1	—	1												
External Causes	Violence					1	1															
	TOTAL	5	1	6	5	3	8	3	5	8	6	1	7	1	2	3	—	—	—	—	1	2

TOTAL 34

		WEEKS.											
		1			2			3			4		
		M	F	P	M	F	P	M	F	P	M	F	P
Infectious Diseases	Pertussis ...												
	Diphtheria ...												
	Diarrhœa ...												
Other Infections	Influenza ...												
	Cerebro-Spinal Fever ...												
	Syphilis ...												
Tuberculosis	Pulmonary ...												
	Cerebral ...												
Nervous System	Cerebral Hæmorrhage	1	—	1									
	Convulsions ...												
	Otitis Media ...												
Respiratory System	Bronchitis ...												
	Pneumonia ...	1	—	1									
Digestive System	Intestinal Obstruction												
Genito-Urinary System	O.D. Kidney...												
Integ. System	Cellulitis												
Malformations	Congenital Malformation	3	2	5	1	—	1	—	—	—	—	1	1
Early Infancy	Atrophy, Debility, Marasmus	2	4	6	—	1	1	2	—	2	1	—	1
	Prematurity ...	13	6	19	1	2	3	—	2	2	1	—	1
	O.D. Early Infancy...	1	—	1				1	—	1			
External Causes	Violence	—	1	1									
	TOTAL	21	13	34	2	3	5	3	2	5	2	1	3

TOTAL 47

		MONTHS.																		
		1			2						4			5			6		
		M	F	P	M	F	P		F	P	M	F	P	M	F	P	M	F	P
Infectious Diseases	Pertussis ...																		
	Diphtheria ...																		
	Diarrhœa ...							1	—	1	1	1	2	1	—	1			
Other Infections	Influenza ...														1	1			
	Cerebro-Spinal Fever ...																—	1	1
	Syphilis ...							—	1	1									
Tuberculosis	Pulmonary ...																		
	Cerebral ...																		
Nervous System	Cerebral Hæmorrhage	1	—	1															
	Convulsions ...																		
	Otitis Media ...										1	—	1						
Respiratory System	Bronchitis ...													1	—	1			
	Pneumonia ...	1	—	1	1	1	2	—	—	—	1	1	2						
Digestive System	Intestinal Obstruction																		
Genito-Urinary System	O.D. Kidney...																—	1	1
Integ. System	Cellulitis							1	—	1									
Malformations	Congenital Malformation	4	3	7										1	1	2			
Early Infancy	Atrophy, Debility, Marasmus	5	5	10	1	—	1							2	—	2			
	Prematurity ...	15	10	25	1	2	3												
	O.D. Early Infancy...	2	—	2															
External Causes	Violence	—	1	1															
	TOTAL	28	19	47	3	3	6	2	1	3	3	2	5	5	2	7	—	2	2

		MONTHS.																		—1 YEAR		
		7			8			9			10			11			12					
		M	F	P	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P	M	F	P
Infectious Diseases	Pertussis ...							1	—	1	1	—	1	2	1	3	1	2	3	5	3	8
	Diphtheria ...																1	—	1	1	—	1
	Diarrhœa ...	—	1	1										—	1	1				3	3	6
Other Infections	Influenza ...													1	—	1				1	1	2
	Cerebro-Spinal Fever ...																			—	1	1
	Syphilis ...																			—	1	1
Tuberculosis	Pulmonary ...							—	1	1										—	1	1
	Cerebral ...	—	1	1																—	1	1
Nervous System	Cerebral Hæmorrhage																			1	—	1
	Convulsions ...										—	1	1							—	1	1
	Otitis Media ...																			1	—	1
Respiratory System	Bronchitis ...	—	1	1	—	1	1	—	1	1										1	3	4
	Pneumonia ...	1	—	1	—	1	1							1	—	1				5	3	8
Digestive System	Intestinal Obstruction	1	—	1																1	—	1
Genito-Urinary System	O.D. Kidney...																			—	1	1
Integ. System	Cellulitis																			1	—	1
Malformations	Congenital Malformation																			5	4	9
Early Infancy	Atrophy, Debility, Marasmus																			8	5	13
	Prematurity ...																			16	12	28
	O.D. Early Infancy...																			2	—	2
External Causes	Violence																			—	1	1
	TOTAL	2	3	5	—	2	2	1	2	3	1	1	2	4	2	6	2	2	4	51	41	92

TOTAL 92

In round figures these groups accounted for 86 per cent. of the total Infant deaths in 1927.

The subject of Infant Mortality has been discussed from so many points of view in these Reports in previous years, that it is possible on this occasion to make only brief reference to some aspects of the problem requiring further elucidation.

The effect of Twin Births in the production of Infant Mortality is exhibited by the fact that during the period 1921-1927 inclusive, Twins accounted for 2.3 per cent. of the total births, but the deaths of Twins contributed no less than 11.4 per cent. of the total Infant deaths during the same period. Here we have at once a matter of the highest importance in relation to Infant Mortality. Further, we have the fact that during the same period, whilst the Infant Mortality-rate for all infants averaged 59 per 1,000 births, that of Twins averaged 291 per 1,000 twin births or 5 times as much.

In 1927 Twin deaths accounted for no less than 15.2 per cent. of the total Infant Mortality from all causes. In combination with Congenital Malformations 25 per cent. of the total Infant deaths in 1927 were due either to Congenital Malformations or associated with Twins.

The chief cause of Twin death in 1927 was Prematurity, there being 10 of the 14 Twin deaths ascribed to this cause and 4 to Atrophy. Thus nearly 36 per cent. of the total deaths from Prematurity in 1927 occurred in the case of Twins.

Thus multiple pregnancy is to be regarded as a continuing and important cause of the maintenance of Infant Mortality.

A reference to the paragraphs dealing with deaths from Congenital Malformations of such a nature as to be practically necessarily fatal will show that during the same seven years 8.5 per cent. of the total Infant Mortality recorded was ascribed to this group. Thus we have yet another important and quite unpreventable cause of Infant Mortality. Between them, Twin Births and Congenital Malformations account for about 20 per cent. of the total Infant Mortality experience of the present day so far as Ipswich is concerned.

I have shown that the Prenatal Mortality (Stillbirths) was equal in 1927 to 36 per 1,000 potential lives. The Table dealing with the age distribution of the Infant deaths in 1927 shows that 37 per cent. of the total mortality occurred in the first week of life, 51.8 per cent. in the first month, and 60.8 per cent. in the first three months of life.

Evidently these two groups of figures represent special circumstances influencing the probability of survival of the yet unborn child and indicating the chance of damage in the act of birth itself, as evidenced specially by the excessive mortality of the first 5 days of life and the high proportion of Infant deaths in the first month of life.

The practical indications afforded by these facts are the clear indication for Ante-Natal supervision, and, of even greater importance, the vital need for competent midwifery service.

TWIN MORTALITY.

The death-rates of Twin infants are shown in the following Table :—

Year.	No. of Twin Deaths under 1 year.	Twin Death-rates per 1,000 Twin Births. Under 1 year.
1921	10	333
1922	7	194
1923	5	161
1924	12	343
1925	19	365
1926	5	185
1927	14	388
1921 1927	72	291

The mortality experience of Twin Infants is compared with that of other Infants thus :—

Year.	Mortality per 1,000 Births.				
	Twin Infants.	Single Infants.	Legitimate.	Illegitimate.	All Infants.
1921	333	69	71	117	74
1922	194	50	51	102	53
1923	161	48	49	82	51
1924	343	45	55	—	52
1925	365	63	72	92	73
1926	185	43	45	52	45
1927	388	56	62	113	65
Averages	291	54	58	84	59

Thus Twins experienced an average mortality more than 5 times greater than that of single infants, and 3½ times heavier than illegitimate infants.

The sex mortality of Twins is exhibited in the Table given below. The figures apply to the period 1921-1927 inclusive :—

Class.	No. of Infants born alive.	No. of deaths under 1 year.	Death rates per 1,000 Births.	No. of cases in which both infants died.
Twin Boys	84	30	351	8
Twin Girls	70	23	328	10
Boy and Girl	76	15	197	7
All others	17	4	235	
TOTAL	247	72	291	25

From this it appears that Twins of the same sex are more liable to death than in the case of mixed Twins, and that male Twins suffer a higher mortality than female, a fact quite in accordance with the experience of single Infants.

The total sex mortality of Twins in comparison with single Infants is exhibited thus :—

1921–1927	Death Rates per 1,000 Births.		
	Males.	Females.	Infants.
Twin Infants ...	298	284	291
Single Infants ...	63	43	54
All Infants ...	69	49	59

STILLBIRTHS.

In last year's Annual Report certain figures were given showing that stillbirths occurring in the practice of midwives constituted about 3.26 per cent. of the potential infants as contrasted with 4.13 per cent. in the case of the Maternity Home.

Since the beginning of July, 1927, the Registration of Births has been extended to include stillbirths as well as live births, with the result that any neglect of registration by persons responsible can be corrected by the weekly returns from the Local Registrars.

These returns indicate that during the last 6 months of 1927 there were recorded the births of 726 live infants and 27 stillbirths. Thus 3.6 per cent. of the infants were stillborn. The proportion of stillbirths was much higher amongst males than females, viz., 4.4 per cent. for males as compared with 2.6 per cent. for females. This merely emphasises the fact that the mortality experience of male infants consistently exceeds that of female infants.

The deaths of infants before birth can be referred to two great groups of causes :—

1.—Death of the infant before the commencement of labour as the result of diseased conditions of the mother or child, and

2.—Death of the infant during the act of birth as the result of the infliction of injury during the process.

The first of these groups can be met only by Ante-Natal care on the part of the Practitioner responsible for the mother or by the attendance of the mother at an Ante-Natal Centre, where the conditions can be recognised and referred for such treatment as may be appropriate.

The second group means competent midwifery practice on the part of the Doctor or Midwife in order to preserve as many infants as possible from the definite dangers of the act of birth itself.

Of the 27 stillbirths, 23 were apparently full time and 4 premature. Six stillbirths were stated to be macerated, 3 premature and 3 full time. One pair of twins were stillborn.

There were thus 26 pregnancies concerned, of which 23 were legitimate and 3 illegitimate. It may or may not be significant, but it is at any rate noteworthy, that the proportion of stillbirths per legitimate and illegitimate infants was 3.2 per cent. for the legitimate as compared with 16.6 per cent. for the illegitimate.

DEATHS FROM CONGENITAL MALFORMATIONS.

Since the beginning of this Century the fall in the Infant death-rate from Diarrhœa and other diseases has brought the part borne by Congenital Malformations into increasing prominence. Along with this is the fact that increasing accuracy in Death Certification has resulted in a transference to this group.

In 1927, 11 deaths were referred to Congenital Malformations, 7 males and 4 females. Of these 9 were under 1 year of age, 5 males and 4 females.

The death-rate under 1 year per 1,000 births was thus 6.35 for infants, 6.86 for males and 5.83 for females.

Congenital Malformations accounted for 11.9 per cent. of the deaths of infants in 1927.

I give a Table showing the contribution made by Malformations to the Infant death-rate since the beginning of the Century.

	1901-1910.			1911-1920.			1921-1927.		
	M.	F.	P.	M.	F.	P.	M.	F.	P.
No. of Infant Deaths ...	32	23	55	35	37	72	35	19	54
Infant Death-rates ...	3.33	2.49	2.92	4.15	4.56	4.35	6.55	3.56	5.07
Proportion of Infant Deaths	—	—	2.3	—	—	4.7	—	—	8.5

In round figures 90 per cent. of the group of Congenital Malformations causing death do so within the first year of life.

I draw attention to the excess of the male mortality from Malformations which is in conformity with the effect of Twin Birth and the Diseases of Infancy.

In the whole period under review 1901-1927 inclusive there were 181 deaths referred to Congenital Malformations in Infants.

Of these 67 (31 males and 36 females) were ascribed to Malformations of the Nervous System, the chief of which was Spina Bifida. These were followed by Malformations of the Heart, of which there were 66 (41 males and 25 females), from which it might be argued that males are more liable to Congenital Heart Disease than females.

Malformation of the Digestive System accounted for 34 deaths (21 males and 13 females). The chief of these were Cleft Palate and Hare Lip.

The facts given above refer to Congenital Malformations that are obvious and readily recognisable, but there is no ground for the assumption that these are the only Congenital Malformations. There are others, concealed and unrecognisable during life, that are just as incompatible with continued existence as the obvious ones.

Thus maldevelopments of the Thymus Gland (to mention only one of the Endocrine Glands) is known to be a cause of sudden death in young infants. I have no doubt that not a few cases of "suffocation" are really due to this cause.

The only method of discovery of this kind of defect is Post-Mortem examination.

The illustrations given will show that in considering Infant Mortality at the present day, Congenital Malformations inconsistent with continued existence have a definite and considerable place of their own.

INFECTIOUS DISEASES.

NOTIFICATIONS OF INFECTIOUS DISEASES IN 1927.

In the following Table the numbers and rates of notifications received in the 5 years 1921-1925 are available for comparison with the corresponding figures for the years 1926 and 1927.

Diseases Notified	1921—1925.		1926.		1927.	
	Numb'r	Rates.	Numb'r	Rates.	Numb'r	Rates.
Chicken Pox ...	2182	5.34	1080	12.83	579	6.73
Diphtheria ...	736	1.80	13	.15	24	.28
Scarlet Fever ...	581	1.42	124	1.41	195	2.26
Pneumonia ...	543	1 33	95	1.13	137	1 59
Erysipelas ...	120	.29	22	.26	25	.29
Puerperal Fever ...	60	.15	12	.14	5	.05
Ophthalmia Neonatorum ...	53	.13	11	.13	9	.10
Enteric Fever ...	34	08	4	.04	6	.07
Malaria	19	.05	2	.02	—	—
Encephalitis Lethargica ...	8	.02	3	.03	4	04
Anterior Poliomyelitis	8	.02	—	—	3	.03
Cerebro-Spinal Fever	7	.02	2	02	1	.01
Dysentery ...	2	.004	—	-	-	-
Acute Polio Encephalitis ...	1	002	—	-	—	
Puerperal Pyrexia	—	-	2	.02	5	05
TOTAL ...	4354	10 65	1370	16 27	993	11.54

As usual Chicken Pox occupies the chief place, but was not so prevalent as in 1926.

SCARLET FEVER.

Scarlet Fever was more prevalent in 1927 than for several years. The highest prevalence was as usual during the months of October, November and December.

The type was extremely mild, no fatal cases being recorded, thus repeating the experience of 1926 and 1925. It is of interest that the death-rate from Scarlet Fever in Ipswich for the 7 years 1921-1927 was equal to 0.10 per 1,000 living, a rate by far the lowest ever recorded in the known history of the Borough.

Period.	Notification Rates.
1891—1900	4.27
1901—1910	1.60
1911—1920	3.51
1921—1925	1.42
1921	.90
1922	1·55
1923	1.55
1924	1.51
1925	1.56
1926	1.47
1927	2.26

DIPHTHERIA.

Diphtheria in 1927 was slightly more prevalent than in 1926, but the number of cases still remained far below anything recorded since the beginning of notifications. The notification rates since the beginning of 1924 were collectively the lowest on record.

Period.	Notification Rates per 1,000 living.
1891—1900	.86
1901—1910	1.12
1911—1920	2.32
1921—1925	1.80
1921	5.47
1922	1.79
1923	1.14
1924	.24
1925	.42
1926	.15
1927	.27

The various causes associated with the present state of affairs have been dealt with fully in previous Reports.

There was only 1 fatal case.

ENTERIC FEVER.

6 cases were notified in 1927, all Para Typhoid B.

None of the cases were connected in any way.

1 case proved fatal

Period.	Notification Rates per 1,000 living.
1891 - 1900	1.51
1901—1910	.68
1911—1920	.10
1921—1925	.08
1921	.06
1922	.03
1923	.05
1924	.03
1925	.23
1926	.04
1927	.07

ERYSIPELAS.

25 cases were notified in 1927 as compared with 22 in 1926. The notification-rate was equal to 0.29 per 1,000 living, which is about the average.

SMALL POX.

No cases was notified in 1927, the last notified case being recorded in 1902.

ENCEPHALITIS LETHARGICA.

4 cases were notified in 1927 as compared with 3 in 1926, 4 in 1925 and 1 in 1924. 2 cases proved fatal.

When one considers the condition in which the great majority of the pronounced cases of this Disease are left in case of recovery it would seem that death is preferable.

PNEUMONIA.

137 cases were notified in 1927 as compared with 95 in 1926.

The notification-rate was equal to 1.59 per 1,000 living as compared with 1.13 in 1926 and an average of 1.33 for the previous 5 years.

The notification of Pneumonia has proved to be a failure so far as complete returns are concerned, but it has served one very useful purpose in that it has rendered it possible to enquire into a large number of cases and secure Hospital treatment in quite a number being treated under totally unsatisfactory conditions.

There is one point of prime importance in this relation, and that is that if it is desired to remove to Hospital a patient suffering from Pneumonia, the decision should be made early. Late removals of cases of Pneumonia is not merely highly inadvisable but actually a cause prejudicial in the extreme to whatever chance of recovery the patient may have.

TUBERCULOSIS.

NOTIFICATIONS OF TUBERCULOSIS SINCE 1909.

Table A.

Number of cases notified.

Year	Pulmonary.			Non-Pulmonary.			All Forms.		
	M.	F.	P.	M.	F.	P.	M.	F.	P.
1909	41	23	64	—	—	—	41	23	64
1910	29	15	44	—	—	—	29	15	44
Average	35	19	54	—	—	—	35	19	54
1911	75	57	132	—	—	—	75	57	132
1912	178	152	330	—	—	—	178	152	330
1913	112	88	200	58	52	110	170	140	310
1914	98	58	156	18	23	41	116	81	197
1915	60	56	116	18	20	38	78	76	154
1916	91	77	168	19	17	36	110	94	204
1917	77	78	155	18	12	30	95	90	185
1918	81	97	178	16	18	34	97	115	212
1919	82	82	164	26	39	65	108	121	229
1920	70	67	137	39	36	75	109	103	212
Average	92.4	81.2	173.6	21.2	21.7	42.9	113.6	102.9	216.5
1921	173	131	304	41	35	76	214	166	380
1922	90	65	155	23	21	44	113	86	199
1923	72	61	133	38	36	74	110	97	207
1924	72	69	111	24	28	52	96	97	193
1925	72	71	146	34	32	66	106	106	212
1926	55	68	123	41	35	76	96	103	199
1927	68	59	127	26	27	53	94	86	180
Average	86	75.3	161.3	32.4	30.6	63	118.4	105.9	224.3

NOTIFICATION RATES SINCE 1909.

Table B.

Year.	Pulmonary.			Non-Pulmonary.			All Forms.		
	M.	F.	P.	M.	F.	P.	M.	F.	P.
1909	1.19	60	.88	—	—	—	1.19	.60	88
1910	83	.38	.59	—	—	—	83	38	.59
Average	1.01	49	73	—	—	—	1.01	49	73
1911	2.13	1.46	1.79		—	—	2.13	1.46	1.79
1912	5.00	3.85	4.54	—	—	—	5.00	3.85	4.54
1913	3.12	2.21	2.64	1.61	1.30	1.45	4.73	3.52	4.09
1914	2.70	1.44	2.04	49	57	.53	3.19	2.01	2.57
1915	1.64	1.38	1.51	49	49	.49	2.14	1.88	2.00
1916	2.50	1.90	2.20	52	41	.46	3.02	2.32	2.65
1917	2.11	1.92	2.01	49	29	.38	2.61	2.21	2.40
1918	2.22	2.38	2.30	.43	44	.44	2.66	2.82	2.75
1919	2.24	2.00	2.11	71	.95	83	2.95	2.95	2.95
1920	1.89	1.61	1.74	1.05	.86	95	2.94	2.48	2.70
Average	2.55	2.01	2.28	0.72	0.66	0.69	3.13	2.55	2.88
1921	4.59	3.08	3.79	1.08	.82	.94	5.67	3.90	4.74
1922	2.36	1.51	1.91	60	.48	.50	2.96	2.00	2.45
1923	1.87	1.40	1.62	.98	.83	.90	2.86	2.24	2.53
1924	1.85	1.57	1.70	61	.63	62	2.48	2.21	2.33
1925	1.84	1.67	1.75	.87	.72	.79	2.76	2.36	2.55
1926	1.39	1.52	1.46	1.06	.76	90	2.45	2.28	2.36
1927	1.68	1.29	1.47	64	.59	61	2.32	1.88	2.09
Average	2.21	1.71	1.95	83	.69	.76	3.04	2.40	2.71

Tables A and B record the fact that the number of cases of Pulmonary Tuberculosis notified under the Regulations is slowly diminishing. The average rate for the 7 years 1921-1927 is really considerably better than that recorded, because of the great inflation consequent on the adjustment that took place in 1921. About one half of the notifications ascribed to that year actually belong to the preceding period.

The local experience is in no way peculiar, but is in accordance with that of most, if not all, accurate Tuberculosis statistics.

The case of Non-Pulmonary Tuberculosis is not quite the same as the tendency to decline is not present. Allowing for necessary fluctuations, this particular part of the Tuberculosis rate has been higher since the war, probably because notification has been carried out more efficiently. This is no doubt associated directly with the fact that increased treatment facilities have been provided locally.

AGE AND SEX DISTRIBUTION OF THE NOTIFICATION OF TUBERCULOSIS, 1927.

Age.	Pulmonary.			All other forms.			Total 1927.			Total 1926
	M.	F.	P.	M.	F.	P.	M.	F.	P.	Persons.
— 1	—	—	—	—	1	1	—	1	1	—
1— 5	—	1	1	7	7	14	7	8	15	17
5—10	5	6	11	7	10	17	12	16	28	26
10—15	3	8	11	4	6	10	7	14	21	24
15—20	6	6	12	2	1	3	8	7	15	24
20—25	3	10	13	1	—	1	4	10	14	23
25—35	16	12	28	1	1	2	17	13	30	33
35—45	16	8	24	2	1	3	18	9	27	23
45—55	13	6	19	—	—	—	13	6	19	17
55—65	5	—	5	2	—	2	7	—	7	9
65+	1	2	3	—	—	—	1	2	3	3
TOTAL	68	59	127	26	27	53	94	86	180	199

Thus, as is the case nowadays, the heaviest incidence of the Pulmonary variety fell on the age period 25-45, and in the case of the Non-Pulmonary forms on ages under 15 years, with the greatest density under 10 years.

PRINCIPAL SITES OF TUBERCULOSIS.

The following Table shows the number of cases of the different varieties of Tuberculosis, notified during 1927, as compared with the corresponding figures of the six preceding years :—

Situation of Disease.	Year.						
	1921	1922	1923	1924	1925	1926	1927
Pulmonary	304	154	133	141	146	123	127
Abdominal	6	5	10	8	9	12	7
Cerebral	5	5	7	4	5	3	4
General	1	1	1	—	—	—	—
Bones and Joints ...	32	12	24	13	17	22	19
Glands	16	11	17	16	26	32	18
All other forms of T B.	16	11	15	11	9	7	5
TOTAL ...	380	199	207	193	212	199	180

There is nothing unusual in this Table.

TUBERCULOSIS SURVIVAL TABLE CORRECTED TO DECEMBER 31st, 1927.

The number of persons notified as suffering from the various forms of Tuberculosis and known to have survived on December 31st, 1927, are shown as follows :—

Sex.		Pulmonary.	Non-Pulmonary.	All Forms.
Males		580	265	845
Females		512	262	774
Persons	1927	1092	527	1619
	1926	1095	484	1579
	1925	1054	436	1490
	1924	1058	415	1473

The survivorship Table given above is of very limited value, and for this reason I give further details.

Since the beginning of notification in 1909 there have been notified in Ipswich 2,973 cases of Tuberculosis of the Lungs. Of these, 1,500 or 50.4 per cent. are known to be dead, 381 or 12.8 per cent. have left the Town, and 1,092 or 36.8 per cent. are known to be alive. If those who have left the Town or otherwise disappeared, be assumed to have died at the same rate as the known cases, then some 56.8 per cent. of all the cases are now dead.

Further light is shed by the following Table which explains itself.

Period.	Notification.	Deaths.		Lost.		Survivors.	
	Number.	Number	Per cent	Number	Per cent	Number	Per cent.
1909—1920	1844	1085	58.8	285	15.4	474	25.8
1921—1927	1129	415	36.7	96	8.5	618	54.8
TOTAL	2973	1500	50.4	381	12.8	1092	36.8

Thus of the cases notified before 1921, only one quarter are definitely known to have survived to the present time, and it is unlikely that more than one-third are still alive.

Examination of the data referring to the 1,500 deaths shows that 1,350 died within 5 years of notification, 115 between 5 and 10 years after notification, and 35 over 10 years.

The following Table shows in detail the length of time elapsing between notification and death in the fatal cases.

Years.	Number of Deaths.	Per cent. of Notifications.	
1	769	25.8	
2	322	10.8	
3	126	4.2	
4	92	3.1	
5	41	1.3	45.4
6	34	1.1	
7	28	.9	
8	16	.5	
9	17	.5	
10	20	.6	3.8
+ 10	35	1.1	1.1
	1500	50.4	

Thus actually the average local experience is that one quarter of the notified cases die within one year of notification, over one-third within two years, and over 40 per cent. within three years. These proportions hold good at the present day. Thus there were notified 420 cases in the three years ending 1925, of whom 103 or 24.5 per cent. died in the first year after notification, 46 or 10.9 per cent. in the second year, and 30 or 7.3 per cent. in the third year, or 42 per cent. within the three years.

Of the total deaths throughout the whole period, 51 per cent. occurred within one year of notification, 72 per cent. within two years, and 81 per cent. within three years.

TUBERCULOSIS DISPENSARY.

Year.	No. of Patients attending Dispensary.	No. of Visits paid by Patients.	No. of Visits to Homes by Nurse.
1921	529	2566	2435
1922	495	3091	2353
1923	525	2999	2492
1924	703	3249	2597
1925	591	3098	3231
1926	547	2823	3176
1927	587	2771	3194

The number of cases on the Dispensary Register (as distinct from the Notification Register) at December 31st, 1927, was 706.

This figure includes only those cases presenting themselves at the Dispensary during the last two years.

120 X-Ray examinations were carried out during 1927.

The Tuberculosis Officer paid 32 visits to the homes of patients, and in addition furnished to Practitioners 124 written reports upon patients sent to him for examination.

An endeavour was made during the year to encourage the examination of contacts, and letters of invitation were left at the homes by the Nurse. The result has been far from satisfactory, and 20 cases only have presented themselves.

INSTITUTIONAL TREATMENT OF TUBERCULOSIS.

During the year 168 patients were admitted to Institutions for the treatment of Tuberculosis, 144 were discharged, and 25 died.

With regard to the cases discharged from Institutions, the following summary of the result of treatment, as subscribed by the Medical Superintendents, may be of interest :—

Condition at time of discharge.	No. of cases.			
	Pulmonary	Surgical.	Others.	Total.
Quiescent or arrested ...	27	26	—	53
Improved	39	18		57
No Material Improvement	14	10		24
Observation only	—	—	10	10
TOTAL	80	54	10	144

IPSWICH BOROUGH SANATORIUM.

Dr. W. F. Sutcliffe, Medical Superintendent of the Ipswich Borough Sanatorium, makes the following report :—

RETURN OF CASES TREATED TO A CONCLUSION DURING THE YEAR 1927.

Report upon all Cases discharged from the Ipswich Sanatorium during 1927 :—

Classificaton on Admission.	Condition at time of Discharge.	Duration of Residential Treatment.												Total.
		Under 3 Months.			3—6 Months.			6—12 Months.			More than 12 Months.			
		M	F	C	M	F	C	M	F	C	M	F	C	
Class T.B. Minus.	Quiescent ...	2	1	1	12	12	1	2	4	17	1	—	4	57
	Improved ...	3	2	3	3	7	—	3	3	7	1	—	4	36
	No material Improvement	1	1	1	—	—	—	—	—	—	—	—	—	3
	Died in Institution ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Class T.B. Plus Group 1.	Quiescent ...	—	—	—	—	—	—	—	—	—	—	—	—	—
	Improved ...	—	—	—	—	2	—	—	1	—	—	—	—	3
	No material Improvement	1	1	—	—	—	—	—	—	—	—	—	—	2
	Died in Institution ...	—	—	—	1	—	—	—	—	—	—	—	—	1
Class T.B. plus Group 2.	Quiescent ...	—	—	—	1	—	—	—	—	—	—	—	—	1
	Improved ...	—	2	—	9	4	—	10	3	—	1	—	—	29
	No material Improvement	—	1	—	1	—	—	—	1	—	—	—	—	3
	Died in Institution ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Class T.B. plus Group 3.	Quiescent ...	—	—	—	—	—	—	—	—	—	—	—	—	—
	Improved ...	—	—	—	10	12	—	3	4	—	1	—	—	30
	No material Improvement	2	3	—	8	7	—	3	1	—	1	—	—	25
	Died in Institution ...	2	—	—	1	—	—	1	1	—	1	—	—	6
											Total Cases		...	196

IPSWICH CASES (Included also in the foregoing Table)

Classification on Admission.	Condition at time of Discharge.	Duration of Residential Treatment.												Total.
		Under 3 Months.			3–6 Months.			6—12 Months.			More than 12 Months.			
		M	F	C	M	F	C	M	F	C	M	F	C	
Class T.B. Minus.	Quiescent ...	1	—	1	5	3	1	2	1	7	1	—	4	26
	Improved ...	2	1	2	—	1	—	—	1	3	1		2	13
	No material Improvement	1	1	—	—	—	—	—	—	—	—	—	—	2
	Died in Institution ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Class T.B. Plus Group 1.	Quiescent ...	—	—	—	—	—	—	—	—	—	—	—	—	—
	Improved ...	—	—	—	—	1	—	—	—	—	—	—	—	1
	No material Improvement	—	—	—	—	—	—	—	—	—	—	—	—	—
	Died in Institution ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Class T.B. Plus Group 2.	Quiescent ...	—	—	—	—	—	—	—	—	—	—	—	—	—
	Improved ...	—	—	—	—	2	—	3	1	—	—		—	6
	No material Improvement	—	—	—	—	—	—	—	—	—	—		—	—
	Died in Institution ...	—	—	—	—	—	—	—	—	—	—		—	—
Class T.B. Plus Group 3.	Quiescent ...	—	—	—	—	—	—	—	—	—	—		—	—
	Improved ...	—	—	—	2	2	—	—	—	—	1	—		5
	No material Improvement	2	—	—	5	2	—	—	—	—	1	—	—	10
	Died in Institution ...	—	—	—	1	—	—	—	—	—	—			1
									Total Cases				...	64

TREATMENT OF CASES OF SURGICAL TUBERCULOSIS.

A.—East Suffolk and Ipswich Hospital.

The following Table gives the number of Patients treated at the East Suffolk and Ipswich Hospital since 1920:—

Year.	Remaining from Previous Year.	Admitted.	Treated.	Discharged.	Remaining.
1920	7	51	58	51	7
1921	7	21	28	26	2
1922	2	26	28	23	5
1923	5	27	32	24	8
1924	8	20	28	16	12
1925	12	37	49	41	8
1926	8	53	61	50	11
1927	11	29	40	38	2

The cases dealt with at the East Suffolk and Ipswich Hospital are now limited to those requiring actual surgical treatment. All the others are removed to the Surgical Tuberculosis block at the Isolation Hospital for the further prolonged treatment necessitated by their condition.

B.—Ipswich Isolation Hospital.

Year.	Remaining from Previous Year.	Admitted.	Treated.	Discharged.	Deaths.	Remaining.
1925	—	10	10	3	—	7
1926	7	6	13	4	1	8
1927	8	30	38	17	1	20

The new Surgical Tuberculosis wing at the Isolation Hospital was opened on February 1st, 1927.

A Radial quadruple arc Sunlight Lamp was installed and put into use on the 9th February, 1927.

The cases admitted during the year fell into the following groups:—

Bones and Joints	25
Abdominal	2
Glandular	2
All Others	1

The results of treatment have been good. With one exception the Spinal cases did well. All the cases discharged appeared to have the disease arrested, and continue to be kept under observation at the Dispensary.

The Winter was characterised by a want of sunshine, so that Artificial Sunlight received a fair trial. The result is to confirm the opinion that, whilst Artificial Light is of definite value in the treatment of Tuberculosis, it is not the equal of Natural Sunlight.

The Artificial Light should be regarded as a necessary complement to Natural Sunlight, at least in our climate, but wherever the choice is possible Natural Sunlight is much to be preferred.

MATERNITY AND CHILD WELFARE.

The following is a Summary of the Home Visits since 1921 :—

HOME VISITS BY HEALTH VISITORS.

Year	Expectant Mothers.	Children.		
		—1	1–5	Total.
1921	18	2,726	1,024	3,750
1922	13	2,249	2,364	4,613
1923	14	2,062	2,452	4,514
1924	17	1,797	1,707	3,504
1925	8	1,618	2,001	3,619
1926	18	1,643	2,149	3,792
Average	15	2,016	1,949	3,965
1927	6	1,477	2,094	3,571

In addition the Health Visitors paid visits under the following headings :—

To	Midwives	31
,,	Cases in which Midwives had summoned Medical assistance	13
,,	Cases notified as suffering from Puerperal Fever or Ophthalmia Neonatorum ...	16
,,	Still Births	21
	Miscellaneous visits	433

631 visits were paid by members of the staff to homes in connection with fees relating to Medical assistance and the Maternity Home.

INFANT WELFARE CENTRE.

A.—Work of Medical Officer.

I.—Ante and Post Natal Clinics.

The following Table gives the numbers examined and the Total examinations :—

Year	Ante Natal.			Post-Natal			Total Exam-ination.
	Cases Examined.	Re-exam-ination.	Total.	Cases Examined.	Re-exam-ination.	Total.	
1924	27	18	45	—	—	—	45
1925	61	65	126	—	—	10	136
1926	123	81	204	—		48	252
1927	206	71	277	52	43	95	372

Thus the year under review revealed a considerable extension in the work of this branch. Evidently a need has been met and an age-long prejudice is in course of diminution.

SPECIMENS EXAMINED.

The following specimens were obtained and examined with results as under :—

Nature of Specimen.	Examined in connection with :—		Number examined.	Results of Examination.	No.
Urine ...	Ante-Natal Clinic :—		247	Sugar present ...	4
	P.H Dept.	150		Slight albuminuria	19
	M. Home	97		Definite ,,	10
	Post-Natal Clinic		3		
	Total ...		250		
Vaginal ... Discharge ...	Ante-Natal	4		Gonococcal ...	—
	Post-Natal	4	8		
Blood (Wasserman)	Ante-Natal	1		Positive ...	—
	Post-Natal	2	3	Negative ...	2
				Doubtful ...	1

DEFECTS FOUND.

Examinations carried out by Dr. Patterson at the Ante-Natal and Post-Natal Clinics revealed the following defects :—

Defect.	Ante-Natal.			Post-Natal.
	Public Health Dept.	Maternity Home.	Total.	
Dental Caries	39	56	95	1
Varicose Veins	13	25	38	1
Gynaecological Disorders ...	5	—	5	12
Anaemia	3	—	3	11
Debility	2	—	2	9
Tuberculosis	—	—	—	—
Ophthalmia Disorders ...	1	—	1	—
Contracted Pelvis	1	—	1	—
Digestive Disorders ...	12	3	15	3
Skin Disorders	5	4	9	4
Syphilis	1	—	1	—
Goitre	2	1	3	4
Albuminuria	2	1	3	
Breast Abscess	—	—	—	3
,, Tumour	—	—	—	2
Haemorrhoids	—		—	2
All others	5	1	6	8
TOTAL	91	91	182	60

The high proportion of Dental Caries is once more very much in evidence.

The infants examined by the Medical Officer during 1927 are classified in the following Table according to age groups :—

Age.	No. of Infants Examined.	No. of Re-Examinations.	Total for 1927.	Average three years, 1924—1926.
—1	428	685	1,113	1,068
—2	136	226	362	292
—3	67	86	153	126
—4	56	47	103	92
—5	39	42	81	79
Total	726	1,086	1,812	1,657

The number of primary examinations by the Medical Officer showed a slight increase, but the number of re-examinations was considerably below that of the previous year.

SUNLIGHT.

Dr. M. C. K. Patterson reports as follows :—

SUNLIGHT CLINIC.

The first completed year of operation has just been concluded, and the following Table shows the number of children who attended :—

Age.	No of Children Treated.	Number of Re-Visits.	Total Visits.
— 1	21	193	214
— 2	31	284	315
— 3	10	169	179
— 4	12	199	211
— 5	12	191	203
Total under 5 ...	86	1,036	1,122
Total School Children	109	1,778	1,887
Grand Total ...	195	2,814	3,009

Four afternoon Clinics are held each week. Treatment is given to individual children twice weekly, 12 children at a time. Initial dose five minutes, increased by five minute intervals at each treatment to 60 minutes, and thence may be increased by 10 minute intervals to

90 minutes. Majority reach 60 minutes in 12 treatments. No child taken to have completed a course of treatment unless 60 minutes' exposure is reached. Course of treatment varies from 2-6 months in most cases. After maximum of six months one month's rest given and second course started.

Table giving the numbers of children who completed course of Treatment :—

Treatment.	— 5	Over 5.	Total.
Finished full course	19	36	55
Stopped—unfinished	47	29	76
Still having treatment	20	44	64
TOTAL	86	109	195

Dr. Patterson ascribes the reasons for the large "unfinished" group to carelessness on the part of the parents or difficulty in attending owing to family circumstances.

Table showing the defects of the children referred to the Sunlight Clinic.

Defect.	— 5 years.	+ 5 years.	Total.
Subnormal Nutrition ...	21	20	41
Pretubercular Debility ...	10	30	40
Enlarged Glands (Neck) ...	10	18	28
Rachitic & Prerachitic ...	18	3	21
Tuberculous Affections :—			
Cervical Glands ...	3	8	11
Abdominal ...	3	3	6
Bones & Joints ...	2	1	3
Lupus	—	1	1
Convalescence following Infectious Diseases ...	6	7	13
Catarrhal and Bronchial Infections	4	3	7
Anæmia and Debility ...	—	5	5
Unclassified	9	10	19
TOTAL ALL FORMS ...	86	109	195

Of these cases, 21 were referred from the Tuberculosis Dispensary.

All rachitic and prerachitic children were given Cod Liver Oil Emulsion or Ostelin Cream in addition to light therapy.

Definite improvement occurred in all who carried out the full dosage, took food better, slept better, were less fretful, lost pasty look and cut teeth.

In babies the most marked improvement took place in the cases of Tuberculosis and Debility with Enlarged Cervical Glands. Marasmic infants gained, but not more than one would expect from the improved feeding which was always advised and from the Cod Liver Oil Emulsion. No case in which one could attribute gain in weight mainly to Sunlight.

Infants who were merely *not gaining* when brought to the Clinic all showed distinct improvement. Did Sunlight Therapy give the additional stimulus to growth which was necessary?

In no case was the gain in weight more than one would expect for the age.

Nothing phenomenal in infant results, but decided mental and physical improvement in all cases reaching full dosage.

SCHOOL CHILDREN.

The greatest gain occurred in Pretubercular, Debility and cases of Anæmia and Debility. The least gain occurred in the Subnormal Nutrition class, but as the home circumstances in practically all such were unsatisfactory, and dirt, overcrowding, under-feeding a factor, these circumstances probably counteracted all beneficial effects of Sun Therapy.

All cases of Cerv. Adenitis, Tuberculous or otherwise, did well.

B.—WORK OF INFANT CLINIC.

The following is a summary of the visits paid to the Infant Welfare Centre since 1921 :—

Year.	Infants.	Children 1—5.	Total.
1921	9,632	3,432	13,064
1922	7,902	3,132	11,034
1923	7,406	3,098	10,504
1924	6,235	2,750	8,985
1925	6,335	2,652	8,987
1926	7,428	3,083	10,511
Average	7,490	3,024	10,514
1927	7,076	3,206	10,282

Thus the visits by Infants has rather diminished because there are fewer Infants.

On the other hand, the figures for children from 1-5 years have been well maintained.

ASSISTANCE GRANTED TO MOTHERS AND CHILDREN DURING 1927.

The following cases were supplied with milk, foods, etc., through the Centre.

The family income is enquired into in each case, and only those coming under the scale are provided free of cost.

	No.	Pints of Milk.
Cow's Milk.		
Mothers—Expectant	10	608
Nursing	45	4,422
Infants under five years	21	2,372
Total Milk		7,402
Dried Milk.		
Infants under five years	44	709 lbs.

IPSWICH MATERNITY HOME.

The following Table indicates the extent to which the Home has been used during the last five years.

Year.	Cases admitted			Total No. of days.	Average duration of stay.
	Ipswich.	Out of Area.	Total		
1923	71	13	84	986	11.6
1924	63	10	73	808	11.0
1925	85	13	98	1040	10.8
1926	71	15	86	935	10.8
1927	87	15	102	1154	11.3
Average	75	13	88	985	11.1

The number of admissions during 1927 was the highest yet recorded, and was 15 per cent. above the average of the last five years.

The Home, which is situated at 7, Lower Brook Street, Ipswich, is maintained by the Public Health Committee, and applications for beds can be made either at the Home or at the Public Health Department, Elm Street.

The fee charged is £3 3s. 0d. per week, but in cases in which there is justification the fee is reduced to one considered to be within the reasonable capacity of the applicant. This may be as low as nil.

36 cases, or 35 per cent. of the patients booked under the care of their own Doctor. In the remaining 66, the midwives sought medical assistance in 21 cases (17 on behalf of mother and 4 on behalf of child).

No cases of Puerperal Fever occurred in the Home, but one of Puerperal Pyrexia.

One child was notified as suffering from Ophthalmia Neonatorum.

There were no maternal deaths. Four infants were stillborn and 2 died within 10 days of birth (1 Prematurity and 1 Feebleness and Convulsions).

REGISTRATION OF MATERNITY HOMES.

Powers were obtained by the Local Authority for the Registration of Maternity Homes under the Ipswich Corporation Act, 1925.

The Local Authority on the 15th December, 1926, adopted Bye-laws with respect to Maternity Homes.

Seven applications for registration were received, and four of these were accepted for registration.

Three orders were made refusing registration. In one case an appeal was lodged, which was disallowed. One application for exemption from registration was received and granted.

MIDWIVES ACTS, 1902 AND 1918.

Thirteen Midwives notified their intention to practise in Ipswich during 1927, and the confinements attended amounted to 779, or an average of 60 each.

The following Table gives the figures for the last five years :—

Year.	Number of Midwives on Roll.	Confinements Attended.	Per cent. of Total Births.
1923	18	800	51
1924	16	675	51
1925	14	742	52
1926	18	841	55
1927	13	779	56
Average	16	767	53

MEDICAL ASSISTANCE.

During 1927 the Midwives found it necessary to call in Medical assistance at 97 of the confinements attended. In four of these cases help was sought on behalf of mother *and* child, giving a total of 101 notifications.

The following Table gives comparative figures for the last seven years :—

SUMMARY OF THE CAUSES FOR WHICH MEDICAL ASSISTANCE WAS SOUGHT.

	1921	1922	1923	1924	1925	1926	Average.	1927
MOTHER :—								
Torn Perineum ...	18	10	15	21	16	22	17	18
Prolonged, Tedious or Difficult Labour ...	6	8	15	11	17	10	12.	14
Faulty Presentations...	12	6	8	4	4	9	6	8
Impactions	7	4	4	4	3	6	4	5
Hæmorrhages ...	5	2	2	4	6	7	5	3
Puerperal Fever ...	1	—	2	2	4	4	2	—
Other Rise of Temperature	3	4	4	8	4	3	5	2
Adherent Placenta ...	4	3	1	4	1	1	2	2
Albuminuria	2	5	3	—	1	2	2	1
Phlebitis	2	1	—	3	1	2	1	2
Abortion	2	—	1	—	2	—	1	2
Contracted Pelvis ...	—	2	2	—	1	—	1	—
Eclampsia	1	1	—	1	—	—	—	—
Prolapse of Cord ...	1	—	1	1	—	1	1	—
Miscellaneous	5	8	3	7	6	9	6	7
TOTAL ...	69	54	61	70	66	76	65	64
CHILD :—								
Discharging Eyes ...	17	10	7	9	6	12	9	6
Debility, Feebleness, etc.	3	12	10	8	6	8	9	13
Prematurity	7	8	7	4	4	6	6	5
Malformations ...	4	—	2	3	4	6	3	6
Convulsions and Fits	3	5	2	2	1	—	2	2
Suffocation	1	—	1	—	1	—	—	—
Miscellaneous	4	2	4	3	4	6	4	5
TOTAL ...	39	37	33	29	26	38	33	37

Year.	Notifications received.			Percentage of Births attended by Midwives in which Medical Help is called in.
	On behalf of Mother.	On behalf of Child.	Total.	
1922	54	37	91	11.2%
1923	61	33	94	11.7%
1924	70	29	99	14.6
1925	66	26	92	12.4%
1926	76	38	114	13.5%
Average	65	33	98	12.7%
1927	64	37	101	13.0%

OPHTHALMIA NEONATORUM.

The following are the particulars with regard to each case of Ophthalmia Neonatorum notified in Ipswich during 1927.

Case Notified.	Treated.			Vision.			Deaths.
	Home.	Hospital.		Unimpaired.	Impaired.	Total Blindness	
		E. Suff.	Isol.				
31.1.27	—	Yes	—	+		—	—
25.2.27	—	—	Yes	—	—	—	* Yes
31.3.27	Yes	—	—	+	—	—	—
21.5.27	—	—	Yes	+	—	—	—
26.5.27	—	—	Yes	+	—	—	—
28.7.27	—	—	Yes	+	—	—	—
14.7.27	—	Yes	—	+	—	—	—
29.9.27	—	—	Yes	—	† +	—	
22.11.27	Yes	—	—	+	—		
9	2	2	5	7	1		1

* Cause of Death—Infantile Marasmus—prematurity

† Both Eyes—Nebulæ.

BOROUGH ISOLATION HOSPITAL.

The appended Table shows the total numbers admitted to, and treated in the Hospital since 1901 :—

Year.	Admissions.	Total Treated.
Average 1901—1910	176	202
,, 1911—1920	574	634
1921	660	762
1922	393	472
1923	386	433
1924	304	332
1925	373	419
1926	317	383
1927	438	497

There was thus a considerable increase in the number of admissions during 1927, chiefly Scarlet Fever.

The areas from which the cases were admitted are shown below :—

Area.	Infectious Diseases.	Tuberculosis.	Total.
Ipswich	306	72	378
Hoxne R D.C.	20	—	20
Samford R.D C.	7	—	7
Bosmere & Claydon R.D.C. ...	5	—	5
Norfolk County Council ...	—	5	5
East Suffolk County Council ...	—	5	5
Military	3	—	3
Aldeburgh U.D.C.	3	—	3
Private Cases	3	—	3
Woodbridge R.D.C.	3	—	3
Royal Air Force	2	—	2
Saxmundham U D C. ...	1	—	1
Blything R.D.C.	1	—	1
Essex County Council ...	—	1	1
Bromley (Diphtheria Carrier) ...	1	—	1
TOTAL	355	83	438

Therefore, of the cases admitted to Hospital 86 per cent. were local patients and 14 per cent. from surrounding areas.

A number of additional agreements with adjacent Authorities for the admission of their cases of Fever to the Ipswich Hospital have been entered into, so that the Hospital may be regarded now as the Isolation Institution for Ipswich and the surrounding areas of the County.

The following Table gives the number of cases admitted into, and treated, in the Ipswich Isolation Hospital for the last five years.

Disease.		1923	1924	1925	1926	1927	Average.
INFECTIOUS DISEASES	No in Hospital Jan 1st ...	29	12	28	38	34	28
	Admissions	311	235	301	251	355	291
	Total Treated	340	247	329	289	389	319
	No. discharged	315	210	279	235	322	272
	,, of deaths	13	9	12	20	15	14
	,, Remaining Dec. 31st ...	12	28	38	34	52	33
TUBERCULOSIS	No. in Hospital Jan. 1st ...	18	16	18	21	17	18
	Admissions	75	69	62	60	53	64
	Total Treated	93	85	80	81	70	82
	No. Discharged	60	48	35	29	28	42
	,, of Deaths	17	19	24	35	28	23
	,, Remaining Dec. 31st ...	16	18	21	17	14	17
SURGICAL TUBERCULOSIS	No. in Hospital Jan. 1st ...	—	—	—	7	8	7
	Admissions	—	—	10	6	30	15
	Total Treated	—	—	10	13	38	20
	No. Discharged	—	—	3	4	17	8
	,, of Deaths	—	—	—	1	1	1
	,, Remaining Dec. 31st ...	—	—	7	8	20	11
TOTAL.	No. in Hospital Jan. 1st ...	47	28	46	66	59	49
	Admissions	386	304	373	317	438	364
	Total Treated	433	332	419	383	497	413
	No. Discharged	375	358	317	278	367	319
	,, of Deaths	30	28	36	46	44	37
	,, Remaining Dec. 31st ...	28	46	66	59	86	57

Table showing the principal Diseases admitted to the Isolation Hospital, together with the fatalities attached to each :—

Diseases	No. of Cases Admitted			Deaths			Case Fatality per cent.
	Ipswich	Other Districts	Total	Ipswich	Other Districts	Total	
Scarlet Fever ...	**168**	28	196	—	—	—	—
Diphtheria ...	**20**	9	29	**1**	—	1	3·5%
Pneumonia ...	**20**	—	20	**4**	—	4	25%
Influenza	**13**	—	13	**5**	—	5	38%
Tonsillitis ...	**13**	2	15	—	—	—	—
Rubella	**9**	—	9	—	—	—	—
Pertussis	**6**	2	8	**2**	—	2	25%
Typhoid Fever ...	**5**	1	6	—	—	—	—
Infantile Deb'ty, etc.	**5**	—	5	**2**	—	2	40%
Ophthal. Neonat. ...	**4**	1	5	—	—	—	—
Chicken Pox ...	**3**	—	3	—	—	—	—
Bronchitis ...	**3**	—	3	—	—	—	—
Puerperal Fever ...	**3**	—	3	—	—	—	—
Puerperal Pyrexia ...	**2**	—	2	—	—	—	—
Erysipelas ...	**2**	—	2	—	—	—	—
Infantile Paralysis ...	**2**	—	2	—	—	—	—
Measles	**2**	—	2	—	—	—	—
Miscellaneous Group	**12**	5	17	**1**	—	1	6%
Nil, etc.	**14**	1	15	—	—	—	—
TOTAL ... (Infectious Group)	**306**	49	355	**15**	—	15	4·2%
Tuberculosis—							
Pulmonary ...	**42**	11	53	**22**	6	28	53%
Surgical ...	**30**	—	30	**1**	—	1	3%
GRAND TOTAL ...	**378**	60	438	**38**	6	44	10%

LABORATORY.

The work carried out in the Laboratory of this Department since 1922 is as follows :—

Year.	SWABS from Cases of Diphtheria or Suspected Diphtheria.			SPUTA from Actual or Suspected Cases of Tuberculosis.		
	Examined.	Positive.	Per cent. Positive.	Examined.	Positive.	Per cent. Positive.
1922	1,262	239	19	252	50	20%
1923	982	204	20%	209	72	34%
1924	652	100	15%	190	49	25%
1925	751	102	13%	191	42	22%
1926	516	89	17%	173	42	24%
Average	832	147	17%	203	51	25%
1927	465	52	11%	187	58	31%

250 Urines were examined in connection with the Ante-Natal Clinic, with the following results:—

Slight Albuminuria	23
Definite ditto	12
Sugar	4
Pus	3

Examinations carried out at the East Suffolk County Laboratory, on behalf of the Local Authority during 1926, were as follows:—

Widals (Typhoid and Para. A. and B.)	7
Cerebro-Spinal Fluid	4
Blood Culture	1
Milk for Tuberculosis	1

In addition under the V.D. Scheme, the following specimens were examined at the East Suffolk County Laboratory:—

	East Suffolk Hospital Clinic.	Private Practitioners.
For Gonococci	—	11
For Wasserman Reaction	140	74
Cultural Test for Gonoccoccus ...	50	3

WATER SUPPLY.

The following is the return of the amounts of water supplied during the year from the various sources:—

	Gallons.
Total Water Pumped from Wells, Waterworks Street	436,505,000
,, ,, ,, ,, ,, Whitton	313,715,000
Total Water from Gravitation Sources, Holywells, and Brook's Hall	21,618,000
Supply per head per day (including Trade Supplies)	23.74

Samples have been taken from time to time and submitted to analysis.

REFUSE REMOVAL DEPARTMENT.

REPORT OF MANAGER OF HOUSE REFUSE REMOVAL AND NIGHT-SOIL DEPARTMENTS FROM JANUARY 1st to DECEMBER 31st, 1927.

To the Chairman and Members of the Public Health Committee,
Ipswich.

Ladies and Gentlemen,—

I beg to submit summary of work carried out in the Refuse Removal Department for the year ending 31st December, 1927.

HOUSE REFUSE.

During the first nine months there were thirty-one men, and thirty-two men for the last three months. Five electric vehicles and five horse-drawn vehicles were in service during the year.

Number of weekly and bi-weekly calls on Register:—

Electric Vehicles	17,064	
Horse Vehicles	7,248	
		24,312

Calls made during the year:—

Electric Vehicles	864,487	
Horse Vehicles	373,709	
		1,238,196

Number of Loads:—

Electric Vehicles	4,402	
Horse Vehicles	4,351	
		8,753

Weight Collected:—

	T.	C.	Q.	lbs.
Electric Vehicles	7,948	3	1	14
Horse Vehicles	3,645	4	3	0
	11,593	8	0	14

NIGHT WORK.

Number of loads collected from Middens ...	40
Number of Dead Wells emptied	4

The following Middens are emptied at intervals:—

Whitton: five	5
Henley Road and Dale Road: Nine doubles and fifteen singles	9 15
Handford Hall: one double	1
New Cut East: one double and two singles ...	3
Total	33

I am, Ladies and Gentlemen,

Your obedient Servant,

A. HICKS, Manager.

Exchange Chambers, Lion Street,
Ipswich.

VENEREAL DISEASES CLINIC.

REPORT ON VENEREAL DISEASES CLINIC FOR THE YEAR 1927.

By Dr. F. Fowler Ward.

(Medical Officer in Charge, Venereal Diseases Clinic).

STATISTICAL TABLES.

1.—NEW CASES.

There were 224 new cases, of which 171 were males and 53 females. Of these, 73 were Syphilis (Males 48, Females 25), 79 Gonorrhœa (Males 70, Females 9), 12 Soft Chancre (all Males), and 60 other conditions than Venereal.

Year.	New Cases.				Diseases (Ipswich only).		
	Clinic.			Ipswich only.	Syphilis.	Gonorrhœa.	Other Diseases.
	Males.	Females.	Persons.	Persons.			
1922	168	63	231	164	62	54	48
1923	123	57	180	121	51	37	33
1924	137	46	183	122	35	41	46
1925	140	57	197	126	50	37	39
1926	149	43	192	125	31	68	26
Average	143	53	198	132	46	47	38
1927	171	53	224	163	51	60	44

It will be seen from this Table that of the new cases presenting themselves to the Clinic during the five years 1922-1926 inclusive, 70 per cent. were from the Borough of Ipswich. The percentage was slightly higher (73 per cent.) in 1927.

2.—ATTENDANCES OUT-PATIENT CLINIC.

The Out-Patient Attendances totalled 4,762, of which 4,012 were males and 750 females. Of these 2,676 received individual attention by the Medical Officer, and 2,086 attended for intermediate treatment.

The following Table gives the figures for the last 5 years in connection with the Out-Patient Clinic :—

Year.	Syphilis.		Gonorrhœa.		Other Diseases.		Total.			
							Clinic.			Ipswich only.
	M.	F.	M.	F.	M.	F.	M.	F.	Persons.	Persons.
1922	1,465	701	1,951	310	65	26	3,481	1,037	4,518	3,699
1923	1,418	854	1,221	139	63	54	2,702	1,047	3,749	2,803
1924	942	870	1,491	230	102	38	2.535	1,138	3,673	2,588
1925	979	889	1,813	154	68	31	2,860	1,074	3,934	2,660
1926	972	846	2,246	164	53	23	3,271	1,033	4,304	3,309
Average	1,155	832	1,744	199	70	34	2,969	1,065	4,034	3,012
1927	1,011	647	2,924	74	77	29	4,012	750	4,762	3,834

The preponderance in attendances of males over females is still too marked. Females suffering from Syphilis attend far more regularly than those suffering from Gonorrhœa. The former class, apparently recognising the importance of treatment as regards their offspring, usually bring such, if born while treatment is being given, to the Centre for inspection.

3.—IN-PATIENT DAYS.

The In-patient days totalled 371.

Year.	Total for Clinic.			Ipswich only.
	Males.	Females.	Persons.	Persons.
1922	380	188	568	253
1923	379	147	526	227
1924	324	80	404	289
1925	441	247	688	325
1926	389	213	602	289
Average	382	175	557	276
1927	286	85	371	219

The number of In-patient days show a considerable decrease from the experience of the previous five years.

Ipswich cases provided 59 per cent. of the days, which is approximately the average of the last 10 years.

EXAMINATIONS OF PATHOLOGICAL MATERIAL.

1.—Specimens examined at the Centre by the Medical Officer :—
Spirochaetes 17, Gonococci 137.

2.—Specimens from persons attending the Centre and sent to the Laboratory—

Cultures for Gonococci	78
For Wasserman Reaction	193

The number of doses of Arsenobenzol Compound given was 648.

(Signed) F. FOWLER WARD, M.B., Bc., B.A., Cantab.,
(Medical Officer in Charge of the Venereal Disease Centre at the East Suffolk and Ipswich Hospital).

CHIEF SANITARY INSPECTOR'S REPORT, 1927.

Inspector under the Food and Drugs Act, Inspector of Butter Factories, Inspector under Dairies, Cowsheds and Milkshops Order, Inspector of Common Lodging Houses, Inspector under the Shops Acts, Inspector under the Contagious Diseases (Animals) Act, Inspector under the Rats and Mice (Destruction) Act, 1919, Inspector under the Fertiliser and Feeding Stuff Act, 1926.

	1927
No. of Inspections of Private Houses	6,412
,, ,, ,, House to House	593
,, ,, ,, Houses let in Lodgings	107
Total	7,112
No. of Inspections of Van Dwellings	259
,, ,, ,, Common Lodging Houses	220
,, ,, ,, Overcrowded Houses	122
,, ,, ,, Houses with defective eaves-troughing	129
,, ,, ,, Damp Houses	154
Total	405
No. of General Repairs to Houses	373
,, ,, Yards concreted	81
,, ,, Sculleries concreted	67
,, ,, Rooms ventilated	33
,, ,, Roofs repaired	118
,, ,, Eavestroughing repaired	141
,, ,, Wash Houses repaired	81
,, ,, Coppers repaired	37

	1927
Drains Inspected, Relaid, Tested and Work carried out.	
No. of Smoke Tests	230
,, ,, Water Tests	197
,, ,, Above surface drain inspections	621
,, ,, Drains reconstructed	75
,, ,, Drains unblocked and cleansed	122
,, ,, Gullies fixed	147
,, ,, New sinks and wastes provided	67
,, ,, Inspection chambers provided	100
,, ,, Inspection chambers repaired	31
,, ,, New vent shafts provided	56
,, ,, Dead wells filled in	18
,, ,, New W.C.'s provided	49
,, ,, New W.C. pans provided	67
,, ,, Privies done away with	2
,, ,, Foul W.C.'s cleansed	69
,, ,, Water laid on to W.C.'s	48
,, ,, Houses connected to sewer	9
,, ,, W.C.'s rebuilt	4
,, ,, Pail Closets done away with	4
,, ,, New Urinals provided	6
No. of Inspections of Slaughterhouses	2,784
,, ,, Slaughterhouses and Bakehouses limewashed	212
,, ,, Removal of Animals	24
,, , ,, Manure	28
,, ,, Ash Receptacles provided	330
,, ,, Inspections of Public and Private Urinals	403
,, ,, ,, Offensive Trade Premises	370
,, ,, ,, Smoke Nuisances	35
,, ,, Visits to places of Entertainment	214
,, ,, Visits to Refuse Dumps	19
,, ,, Complaints investigated	455
,, ,, Inspections of Piggeries	72
,, ,, ,, Stables	92
,, ,, Letters issued	252
,, ,, Inspections of Ice Cream Premises	157
,, ,, ,, Rivers	15

	1927
PROGRESS OF NOTICES.	
Preliminary.	
Served	443
Completed	438
Statutory.	
Served	19
Completed	16
Verbal.	
Given	92
Completed	86
FACTORIES AND WORKSHOPS.	
Premises Inspected.	
Factories and Workshops	185
Outworkers	26
Bakehouses	606
SHOPS' ACT.	
Visits	1,188
New Shops Registered	61
Transfers	22

HOUSING.

1.—*Unfit Dwelling-houses.*

Inspection. (1) Total number of dwelling-houses inspected for housing defects (under Public Health and Housing Acts)	6,412
(2) Number of dwelling-houses which were inspected and recorded under the Housing Consolidated Regulations, 1925	593
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	12
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	350

2.—*Remedy of defects without service of formal Notices.*

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers	319

3.—*Action under Statutory Powers.*

A. Proceedings under Section 3 of the Housing Act, 1925.

(1) Number of dwelling-houses in respect of which notices were served requiring repairs	Nil.
(2) Number of dwelling-houses which were rendered fit after service of formal notice :—	
(a) By Owners	Nil.
(b) By Local Authority in default of Owners	Nil.
(3) Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by Owners of intention to close	Nil.

B. Proceedings under Public Health Acts.

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	18
(2) Number of dwelling-houses in which defects were remedied after service of formal notices : —	
(a) By Owners	15
(b) By Local Authority in default of Owners	Nil.

C. Proceedings under Sections 11, 14, and 15 of the Housing Act, 1925.

(1) Number of representations made with a view to the making of Closing Orders	12
(2) Number of dwelling-houses in respect of which Closing Orders were made	12
(3) Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling-houses having been rendered fit	Nil
(4) Number of dwelling-houses in respect of which Demolition Orders were made	Nil.
(5) Number of dwelling-houses in pursuance of Demolition Orders	Nil.

WATER SUPPLY.

Samples taken from Corporation Supply	24
Samples taken from Private Supplies	2
Samples taken from tanks of S.S. "Helge"	1

SALE OF FOOD AND DRUGS.

The following Table shows the number of Samples taken: —

Milk	67
Butter	39
Margarine	18
Coffee	5
Lard	11
Baking Powder	4
Vinegar	4
Tea	12
Milk (Tins)	3
Cream	6
Cream (Tins)	5
Creamy Custard	1
Preservative Powder	2
Flour	1
Jam	1

There were six prosecutions, four cases were dismissed and two defendants were fined, one 20s., one 15s.

Two Milk Vendors were cautioned.

FOOD INSPECTION.

The undermentioned Food Stuffs were condemned as unfit for human consumption during the year 1927 :—

Carcases of Beef	39
Sides of Beef	2
Forequarters of Beef	10
Hindquarters of Beef	2
Beef, lbs.	580
Ox Heads	32
,, Tongues	29
,, Livers	88
,, Spleens	2
,, Stomachs	1
,, Lungs	47
,, Kidneys	8
,, Mesenteries	14
,, Tripe	1
Cows' Udders	1
Chilled Beef, lbs.	198
Carcases of Mutton	18
Sheeps' Livers	38
,, Lungs	31
,, Hearts	9
,, Kidneys	16
,, Plucks	7

Mutton, lbs.	17
Carcases of Veal	2
,, ,, Pork	111
Pork, lbs. ...	9 tons 13 cwts., 0 qrs., 5 lbs.
Pigs' Plucks	2,203
,, Heads	577
,, Livers	3
,, Spleens	15
,, Offals	484
,, Mesenteries	24
Smoked Hams	2
Ox Tongues (6lb. Tins)	3
Corned Beef (1 lb. Tins)	5
Corned Beef (6 lb. Tins)	44
Cod Fish (lbs.)	32
Cod Fish, Cured (lbs.)	4
Filleted Haddock (lbs.)	140
Codling (lbs.)	56
Shrimps (pecks)	3
Sprats (Bushels)	6
Salmon (Tins)	4
Loganberries (Tins)	1
Peaches (Tins)	3
Pears (Tins)	1
Fruit Salads (Tins)	1
Pineapple (6 lb. Tins)	1
Tinned Foods (Assorted)	225
Milk (Tins)	12
Cakeoma (Packets)	15
Raisins (Boxes)	37
Potatoes (Cwts.)	8

This includes 1,061 Pigs' Heads.

DISEASES OF ANIMALS ACT, 1894-1895.

TUBERCULOSIS ORDER OF 1925.

This Order came into operation on the 1st September, 1925.

Two cows were sent in for slaughter by Veterinary Inspectors.

Two carcases were passed fit for human consumption, with the exception of the Udders, Lungs, Stomachs, Spleens, Mesenteries and Intestines.

THE PUBLIC HEALTH MEAT REGULATIONS, 1924.

This Regulation came into operation on the 1st April, 1925.

All shops have now fixed or moveable windows to protect Food Stuffs from dust and dirt, but it is found that on occasion a window is found open, but there has been no occasion on which the meat was found to be dirty.

The practice of wrapping in old newspapers still continues.

Days and times of Slaughtering of Animals is given by butchers, and practically all meat is inspected before leaving the slaughter-house.

SLAUGHTER-HOUSES.

There were 19 private slaughter-houses in existence in the Borough during 1927.

Two slaughter-houses were closed during the year.

2,784 visits were paid during 1927.

MILK AND DAIRIES ORDER, 1926.

This Order came into operation on the 1st October, 1926, and a copy was forwarded to all Cowkeepers, Milk Purveyors, and Retailers in the Borough.

Milk Retailers have been required to provide covered porcelain counterpans for the storage of milk in shops. Fifty-two of these have been provided during the year 1927.

INSPECTIONS.

No. of Inspections of Dairies and Milk Shops	520
,, ,, ,, ,, Purveyors of Milk	405
,, ,, ,, ,, Cowsheds	146

RATS AND MICE DESTRUCTION ORDER, 1919.

The number of Rats collected at the Public Health Office during the year 1927 was 14,636.

DISINFECTION

The undermentioned Table gives the number of rooms, articles of clothing, vehicles, etc., disinfected by this Department during 1927 :—

Rooms after Infectious Diseases	626
Articles of clothing from dwelling-houses	2,531
Articles of clothing, etc., from Isolation Hospital	4,720
Ambulances	70
Library Books	183
Verminous Rooms	92
Miscellaneous	62
No. of articles destroyed	131

SANITARY CONDITION OF MUSIC HALLS AND CINEMAS.

In accordance with a suggestion contained in a letter circulated by the Ministry of Health, 214 visits were paid during performances to Music Halls and Cinemas in the Borough during 1927.

Special attention was paid to the ventilation of the premises, and also to the condition and efficiency of the sanitary accommodation.

In every case the conditions were satisfactory.

Increased sanitary accommodation was provided in one hall.

MORTUARY.

The old Mortuary in Shire Hall Yard was closed at the end of 1926, and the new building erected on the Mount was opened on January 17th, 1927.

The new Mortuary is equipped with all the most up-to-date devices for this class of building.

The bodies are accommodated on glazed stoneware tables, and may be viewed by relatives or the Coroner from behind an air-tight glass panel.

The Post-Mortem Room is fitted with a glazed stoneware operating table, whilst a new set of Post-Mortem instruments has been provided.

A Retiring Room with table and chairs has been provided for the use of those visiting the building.

Twenty-four bodies were received into the Mortuary, and three Post-Mortem Examinations were held during the year 1927.

FACTORIES AND WORKSHOPS, 1927.

1.—Inspection of Factories and Workshops :—

Premises.	Number of		
	Inspections.	Written Notices.	Occupiers' Prosecutions.
Factories ...	24	2	—
Workshops ...	161	28	—
Outworkers ...	26	—	—
Bakehouses ...	606	—	—
TOTAL ...	817	30	Nil

2.—Defects found in Factories, Workshops and Workplaces :—

Particulars.	Number of Defects.			Number of Offences in respect to which Prosecutions were instituted.
	Found.	Remedied.	Referred to H.M. Inspector.	
Nuisances under the Public Health Acts :—				
Want of Cleanliness ...	26	24	—	—
Want of Ventilation ...	—	—	—	—
Overcrowding	—	—	—	—
Want of Drainage of Floors	—	—	—	—
Other Nuisances ...	1	1	—	—
Sanitary Accommodation				
Insufficient	3	1	—	—
Unsuitable or Defective	10	10	—	—
Not Separate for Sexes...	—	—	—	—
Offences under the Factory and Workshop Acts :—				
Illegal Occupation of Underground Bakehouse	—	—	—	—
Other Offences	7	5	2	—
TOTAL	47	41	2	—

3.—Outwork in Unwholesome Premises, Section 108.

So far as Ipswich is concerned, there is nothing to report under this heading.

FACTORIES ON THE REGISTER.

Bakeries	18
Bookbinders	9
Boot and Leather Factories	12
Bottle Washers	8
Box Factories	2
Breweries	2
Brickworks	3
Beer Bottling	11
Cabinet and Joinery Works	31
Chemical Manures	2
Clothing Factories	8
Coach Building and Painting	5
Creameries and Milk Produce Works	3
Coffin Makers	2
Cutlery Repairs	2
Cattle Foods	4
Dye and Dry Cleaner Works	5

Engravers	2
Engineers and Iron Founders	19
Electric Works	6
Electric Plating	3
Food Preparation	5
Gas Producers	2
Gravel Screening	4
Jam Factory	1
Laundries	7
Maltings	20
Mineral Water Works	4
Mills	15
Metor Repairers	1
Motor Engineers	23
Organ Builders	1
Printers	22
Stonemasons	5
Scales	2
Sausage and Prepared Foods	7
Sacks and Tents	6
Seed Cleaning	3
Sugar Boiling	7
Saw Mills	6
Shipyards	2
Sheet Metal Workers	2
Sheep Dip	1
Spectacles	2
Tan Works	1
Tar Distillery	1
Tea Blending, Coffee Blending	3
Tobacco	1
Watchmakers, Jewellers, etc.	3
Wireless	5
Total	319

WORKSHOPS.

Art Needlework	1
Bookbinders	9
Bakers	55
Bedding Manufacturers	3
Basket Makers	3
Boot Makers	27
Cartridge Loading	1
Coach Builders	8
Confectionery and Sugar Boiling	4
Cabinet and Joinery	30

Concrete Slabs	2
Corsetiere	2
Cycle Repairs	18
Dressmakers	26
Gut Scrapers	1
Jewellers and Watchmakers	7
Lath Rending	1
Laundries	4
Lime Burners	2
Leather Works and Saddlery	7
Milliners	22
Maltings	5
Painters	5
Plumbers	12
Paper Bags	2
Printers	4
Rag Sorting	6
Sack Making	1
Sails and Tents	1
Stone Masons	5
Smiths	11
Tallow Melter	1
Tailors and Outfitters	23
Tin Smiths	3
Upholsterers	5
Wigs	4
Wood Workers	3
Wheelwrights	2
Sausage Makers	2
Total	328

PORT OF IPSWICH SANITARY AUTHORITY. REPORT FOR 1927.

The inspection of vessels entering the Port of Ipswich was commenced in 1908. There has been a great improvement in the sanitary condition of vessels since that date.

There were three vessels fumigated during the year. The Masters of other incoming vessels produced certificates of recent fumigation.

I.

Number of vessels inspected	284
,, ,, ,, re-inspected	278
Total number inspected and re-inspected	562

II.

British Steamships	66
British Motor Vessels	1
British Barges	173
Foreign Steamships	38
Foreign Motor Vessels	4
Foreign Sailing Vessels	2
Total	284

III.

British	240
Swedish	11
Norwegian	10
German	9
Dutch	5
Greek	4
Danish	2
Italian	1
French	1
Panamanian	1
Total	284

SICKNESS.

There were no cases of Infectious Disease reported during the year.

The following cases received treatment :—

Boil in Axilla	1
Venereal	1
Pains in Chest	1
Sickness from impure water	22

BUTTERMAN'S BAY.

This is the name given to a portion of the River Orwell, situated above six miles below the Ipswich Dock. Some of the vessels trading to Ipswich have been too large to enter the Dock, so that they had to discharge the whole of their cargo in the deep-water berths constructed at the Bay.

Fifteen vessels discharged the whole cargo at Butterman's Bay. Four vessels lightened at the Bay and completed discharge at Ipswich Docks.

A. T. MEARS,

Chief Sanitary Inspector.